



KANSAS CORPORATION COMMISSION 1060346
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34349
Name: Pharyn Resources, LLC
Address 1: 15621 W 87TH ST, STE 262
Address 2: _____
City: LENEXA State: KS Zip: 66219 + _____
Contact Person: Phil Hudnall
Phone: (913) 390-7022
CONTRACTOR: License # 8509
Name: Evans Energy Development, Inc.
Wellsite Geologist: None
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____
Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>11/16/2010</u>	<u>11/18/2010</u>	<u>11/18/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-045-21706-00-00

Spot Description: _____
SE SE SW SW Sec. 6 Twp. 14 S. R. 21 East West
317 Feet from North / South Line of Section
4012 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Douglas

Lease Name: WERTS Well #: 8

Field Name: _____

Producing Formation: Squirrel Sandstone

Elevation: Ground: 951 Kelly Bushing: 0

Total Depth: 800 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 44 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 780

feet depth to: 0 w/ 132 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: Deanna Garbar Date: 10/31/2011



1060346

Operator Name: Pharyn Resources, LLC Lease Name: WERTS Well #: 8
 Sec. 6 Twp. 14 S. R. 21 East West County: Douglas

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray Neutron	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum NA 0
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CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9	7	0	21	POZ	5	50/50
Production	9	2.875	0	780	POZ	132	50/50

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	-780	POZ Mix	132	2% Premium Gel

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4			753-763

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
CO Well Services, LLC

TICKET NUMBER 27256
LOCATION Ottawa KS
FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
820-431-8210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/18/10	6327	Wertz #8	S06 6	14	21	DG
CUSTOMER <u>Pharys Resources</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>15621 W 87th St Sh242</u>			<u>506</u>	<u>Fred</u>	<u>Safety Mtg</u>	
CITY <u>Lenexa</u>			<u>495</u>	<u>Casey</u>	<u>CK</u>	
STATE <u>KS</u>			<u>370</u>	<u>Arlan</u>	<u>ADM</u>	
ZIP CODE <u>66219</u>			<u>310</u>	<u>Dorel</u>	<u>DM</u>	

JOB TYPE Longstring HOLE SIZE .578 HOLE DEPTH 790' CASING SIZE & WEIGHT 2 1/8" EUE
CASING DEPTH 710 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 4.53 DISPLACEMENT PSI _____ MIX PSI _____ RATE 48PM

REMARKS: Wash down LIT casing. Circulate from pit to condition hole.
Mix + Pump @ 200# Premium Gel Flush. Mix + Pump 132 sks
50/50 for Mix Cement 2 1/2" Gel 1/2" Phase Seal per sack. Cement
to surface. Flush pump + lines clean. Displace 2.2 1/2"
Rubber plugs to casing TD w/ 4.53 BBL Fresh water.
Pressure to 800# PSI. Release pressure to set float valve.
Shut in casing.

Evans Energy Dev Inc

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE <u>Cement Pump</u>		925 ⁰⁰
5406	30 mi	MILEAGE		1095 ⁰⁰
5402	280'	Casing Footage		NK
5407	Minimum	Ton Miles		315 ⁰⁰
5602	3hrs	80 BBL Vac Truck		300 ⁰⁰
1124	60 1299 sks	50/50 for Mix Cement		1269 ³⁶
1188	423 #	Premium Gel		5460
1107A	166	Phase Seal		752 ⁰⁰
4402	2	2 1/2" Rubber Plug	46.00	92
		<u>NO # 238183</u>		
			7.2%	SALES TAX
				ESTIMATED TOTAL
				<u>3233.10</u>

Rev 07/07

AUTHORIZATION Paul Krump

TITLE _____

DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.