

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1060334

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	API No. 15 - 15-045-21672-00-00
Name: Pharyn Resources, LLC	Spot Description:
Address 1: 15621 W 87TH ST, STE 262	NW_SE_SE_SW_Sec. 6 Twp. 14 S. R. 21 VEast West
Address 2:	495 Feet from ☐ North / ☑ South Line of Section
City: LENEXA State: KS Zip: 66219 +	3135 Feet from ☑ East / ☐ West Line of Section
Contact Person: Phil Hudnall	Footages Calculated from Nearest Outside Section Corner:
Phone: (913) 390-7022	□ne □nw Øse □sw
CONTRACTOR: License # 8509	County: Douglas
Name: Evans Energy Development, Inc.	Lease Name: WERTS Well #: 1
Wellsite Geologist: None	Field Name: Little Wakarusa
Purchaser:	Producing Formation: Squirrel Sandstone
Designate Type of Completion:	Elevation: Ground: 923 Kelly Bushing: 0
✓ New Well	Total Depth: 780 Plug Back Total Depth:
☑ □ wsw □ swb □ slow	Amount of Surface Pipe Set and Cemented at: 43 Feet
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Multiple Stage Cementing Collar Used? ☐ Yes ☑ No
☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	if Alternate II completion, cement circulated from: 729
Cathodic Other (Core, Expl., etc.):	feet depth to: 0 w/ 121 sx cmt.
If Workover/Re-entry: Old Well Info as follows:	Wall to State of the State of t
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content; 0 ppm Fluid volume; 0 bbls
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	.,
Conv. to GSW	Dewatering method used: Evaporated
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	QuarterSecTwpS. R East West
ENHR Permit#:	
GSW Permit #:	County: Permit #:
09/28/2010 09/30/2010 10/04/2010	
Spud Date or Date Reached TD Completion Date or Recompletion Date	

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 compiled with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

Side Two



Operator Name: Pharyn Resources, LLC				Lease N	Lease Name: WERTS Well #: 1					
Sec. 6 Twp. 14 S. R. 21				County	. Doug	las	· .			
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 Wireline Logs surveyed. Attach final geological well site report.										
Drill Stem Tests Taken Yes V No (Attach Additional Sheets)					Log Formation (Top), Depth at			nd Datum Sample		Sample
Samples Sent to Geological Survey			₃ ☑ No		Name NA			Top Datum 0		
Cores Taken Electric Log Run Electric Log Submitted Electronically (If no, Submit Copy)		Yes Yes	Yes No					v		
List All E. Logs Run:										
Gamma Ray Neutron	I									
CASING RECORD										
	Size Hole					ermediate, production		T	r	
Purpose of String	Drilled Drilled		Casing In O.D.)	Welg Lbs./		Setting Depth	Type of Cement	# Sacks Used		and Percent dditives
Surface	9	7		0		21	POZ Mix	5	50/50	
Production	9	2.875		0		780	POZ MIx	121	50/50	
			ADDITIONAL	CEMENTIN	NG / SQL	EEZE RECORD				
Purpose: Perforate	Depth Top Bottom	Туре о	# Sacks	Used	Type and Percent Additives					
Protect Casing Plug Back TD Plug Off Zone	-729	50/50 POZ Mix		121		2% Gel				
— Flug Oil Zone	- -			<u>.</u>						
Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Perform						Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth				Depth
				<u>-</u>		*****				
TUBING RECORD: Size: Set At: Packer At: Liner Run:										
Date of First, Resumed Production, SWD or ENHR.										
Estimated Production Per 24 Hours	Oil	Bbis.	Gas	Mcf	Wati	ar 86	ıls. G	as-Oil Ratio		Gravity
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL:										
Vented										
(Submit ACO-5) (Submit ACO-4)										

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