



KANSAS CORPORATION COMMISSION 1060339
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 SLOW
 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 #: _____

09/26/2010	09/27/2010	09/28/2010
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-045-21673-00-00
Spot Description: _____
NE SE SE SW Sec. 6 Twp. 14 S. R. 21 East West
495 Feet from North / South Line of Section
2805 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Douglas
Lease Name: WERTS Well #: 2
Field Name: _____
Producing Formation: Squirrel Sandstone
Elevation: Ground: 923 Kelly Bushing: 0
Total Depth: 740 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 731 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 731
feet depth to: 0 w/ 102 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 Garcia Date: 10/31/2011



1060339

Operator Name: Pharyn Resources, LLC Lease Name: WERTS Well #: 2
Sec. 6 Twp. 14 S. R. 21 [X] 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 [] Yes [X] No
Samples Sent to Geological Survey [] Yes [X] No
Cores Taken [] Yes [X] No
Electric Log Run [X] Yes [] No
Electric Log Submitted Electronically [X] Yes [] No
List All E. Logs Run:
Gamma Ray Neutron

CASING RECORD [X] New [] Used
Report all strings set-conductor, surface, intermediate, production, etc.
Table with columns: 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

ADDITIONAL CEMENTING / SQUEEZE RECORD
Table with columns: Purpose, Depth Top Bottom, Type of Cement, # Sacks Used, Type and Percent Additives

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated
Table with columns: Shots Per Foot, PERFORATION RECORD, Acid, Fracture, Shot, Cement Squeeze Record, Depth

TUBING RECORD: Size: Set At: Packer At: Liner Run: [] Yes [] No
Date of First, Resumed Production, SWD or ENHR. Producing Method: [] Flowing [] Pumping [] Gas Lift [] Other (Explain)
Estimated Production Per 24 Hours: Oil Bbls., Gas Mcf, Water Bbls., Gas-Oil Ratio, Gravity

DISPOSITION OF GAS: [] Vented [] Sold [] Used on Lease
METHOD OF COMPLETION: [] Open Hole [X] Perf. [] Dually Comp. [] Commingled
PRODUCTION INTERVAL:



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 27158

LOCATION Ottawa KS

FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-487-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/26/10	6337	Werts # 2	SE 6	14	21	26
CUSTOMER <u>Phayn Resources</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>15621 W 87th</u>			<u>506</u>	<u>Fred</u>		
CITY <u>Lenexa</u>			<u>368</u>	<u>Ken</u>		
STATE <u>KS</u>			<u>370</u>	<u>Derek</u>		
ZIP CODE <u>66219</u>			<u>548</u>	<u>Arlen</u>		

JOB TYPE Longstring HOLE SIZE 6" HOLE DEPTH 740' CASING SIZE & WEIGHT 2 3/8" 5WT
 CASING DEPTH 731' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2-2 1/2" Plugs
 DISPLACEMENT 4.25 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Mix Pump 100# Gal Flush. Mix Pump 102 sks 50/50 Por Mix Cement 29 Gal 1/4" Phen Seal per sack Cement to surface. Flush pump + lines clean. Displace 2-2 1/2" Rubber plugs to casing TD w/ 4.25 BBL Fresh water. Pressure to 700# PSI. Release pressure to set float valve. Shut in casing.

Fred Maden

Evans Energy Dev. Inc.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump		925 ⁰⁰
5406	30mi	MILEAGE Pump Truck		109 ⁰⁰
5402	731'	Casing footage		N/C
5407	Minimum	Ten Miles		315 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck		200 ⁰⁰
1124	100 SKS	50/50 Por Mix Cement		984 ⁰⁰
1118B	272 th	Premium Gal		54 ⁴⁰
1107A	26 th	Pheno Seal		29 ²⁰
4402	2	2 1/2" Rubber Plugs		46 ⁰⁰
		<u>WO# 236896</u>		
			7.3%	SALES TAX
				ESTIMATED TOTAL
				81 ⁸²
				2745 ¹⁴

Rayn 3737

AUTHORIZATION [Signature] 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.