

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1060341

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
Name: Pharyn Resources, LLC	Spot Description:
Address 1: 15621 W 87TH ST, STE 262	NW_SW_SE_SW Sec. 6 Twp. 14 S. R. 21 V East West
Address 2:	495 Feet from North / South Line of Section
City: LENEXA State: KS Zip: 66219 +	3795 Feet from 🗹 East / 🗌 West Line of Section
Contact Person: Phil Hudnall	Footages Calculated from Nearest Outside Section Corner:
Phone: ( 913 ) 390-7022	□ne □nw ☑se □sw
CONTRACTOR: License # 8509	County: Douglas
Name: Evans Energy Development, Inc.	Lease Name: WERTS Well #: 3
Wellsite Geologist: None	Field Name:
Purchaser:	Producing Formation: Squirrel Sandstone
Designate Type of Completion:	Elevation: Ground: 939 Kelly Bushing: 0
✓ New Well	Total Depth: 800 Plug Back Total Depth:
✓ OII         WSW         SWD         SIOW           Gas         D&A         ENHR         SIGW           OG         GSW         Temp. Abd.           CM (Coel Bed Methane)         CM (Coel Bed Methane)	Amount of Surface Pipe Set and Cemented at: 760 Feet  Multiple Stage Cementing Collar Used? Yes No  If yes, show depth set: Feet  If Alternate II completion, cement circulated from: 760
Cathodic Other (Core, Expl., etc.):	feet depth to: 0 w/ 125 sx cmt.
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Management Plan
Well Name:	(Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:  Deepening Re-perf. Conv. to ENHR Conv. to SWD  Conv. to GSW	Chtoride content: 0 ppm Fluid volume: 0 bbls  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#:	Quarter Sec TwpS. R
ENHR Permit #:	County: Permit #:
GSW Permit #:	TVVIII TO
Spud Date or Date Reached TD Completion Date or	
Recompletion Date 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 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 I II Approved by: Dearns Gentson Date: 10/31/2011



Operator Name: Pha	aryn Resources,	LLC		Lease I	Name: _	WERIS		_ Well #: <u>3</u> _			
Sec. 6 Twp. 14	s. R. <u>21</u>	. 🗸 East [	☐ West	County	Doug	jlas	,				
INSTRUCTIONS: Shitime tool open and clorecovery, and flow rate line Logs surveyed. A	sed, flowing and sh es if gas to surface t	ut-in pressure est, along wit	es, whether s In final chart(	hut-in pres	sure rea	ched static level,	hydrostatic pres	sures, bottom	hole temp	erature, fluid	
Drill Stern Tests Taken ☐ Yes ☑ No (Attach Additional Sheets)				Log Formation (Top), Dept			nd Datum		☐ Sample		
Samples Sent to Geological Survey				Name NA			Top 0	Datum			
Cores Taken Electric Log Run Electric Log Submitted Electronically (If no, Submit Copy)		Yes Yes Yes	∑Yes □ No								
List All E. Logs Run:											
Gamma Ray Neutro	ภา										
		Report		RECORD	✓ No	w Used	on, etc.				
Purpose of String	Size Hole Drilled	Size (	Size Casing Set (in O.D.)		jht 'Ft.	Setting Depth	Type of Cement	# Sacks Used		and Percent dditives	
Surface	9	7				21	POZ	5	50/50		
Production	9	2.875	2.875		1	760	POZ	125	50/50		
			ADDITIONAL	CEMENTI		FE35 B50000					
Purpose: Perforate	Depth Top Bottom	Type of Cement		# Sacks Used		Type and Percent Additives					
Protect Casing Plug Back TD Plug Off Zone		POZ Mix		125		2% Premium Gel					
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Se Specify Footage of Each Interval Perforate						ture, Shot, Cemei nount and Kind of N	ement Squeeze Record of Material Used) De			
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						, ====	. 750.	*******		<del></del>	
TUBING RECORD:	Size:	Set At:		Packer At	:	Liner Run:	Yes N	)			
Date of First, Resumed	Production, SWD or El	-	Producing Meth	nod:	g 🗀	Gas Lift 0	ther (Explain)				
Estimated Production Oil Bbls. Per 24 Hours		Gas	Mcf	Water Bbts		ols.	Gas-Oil Ratio Gra		Gravity		
DISPOSITIO	ON OF GAS:			METHOD OF	COMPLE	ETION:		PRODUCTI	ON INTER	/Δ1 ·	
Vented Sold	_	Оро		Perf.	Dually	Comp. Com	mingled	- RODOCIII		/AL.	
(If vented, Sub	mit ACO-18.)		er /Snaciful		(Submit A	ACO-5) (Subn	nit ACO-4)	····			



TICKET NUMBER 27210

LOCATION 0 1 9 9 9

FOREMAN Alan Makes

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8876

## FIELD TICKET & TREATMENT REPORT

20-431- <del>0</del> 210 o	r 800-467-8676			CEMEN	IT				
DATE	CUSTOMER#	WELL	AME & NUMB	ER	SECTION	TOWNSHIP	RANGE	COU	NTŸ
12.36.10	<u>6337</u>	West	#3		5W 6	14	L 21	106	
USTOMER,	min Rock	BOUNES	Ť		TRUCK#	DRIVER	TRUCK#	DRIN	(ER
ALING ADDRE	33	_			516	Alan M	Satery	Mec	
15621	w 87	$\mathcal{I}_{\mathcal{S}_{i}}$	re262		368	Ken of	2017	<i></i>	<u> </u>
ITY			IP CODE		375	Arlen M	Heen		
Lenexa			062P		548	Tim is	Jew -		
OB TYPE DY	g-stling	HOLE SIZE	118	HOLE DEPTI	700	CASING SIZE & V	VEIGHT_27	18	
ASING DEPTH	760	DRILL PIPE		TUBING		<del></del>	OTHER	<u> </u>	
LURRY WEIGHT	71-11	SLURRY VOL	4	WATER gal/s		CEMENT LEFT in			
SPLACEMENT,		DISPLACEMENT I	'SI_ <i>800</i>	MIX PSI	<del>717 - 4 -</del> ,	RATE 4	pm		
EMARKS:		all who	etin		I Xed F	Pumper	e 100 to	بصج	//
777	sh hole	101100	VEN Y	y 125	5K 3P1	50 BOZ	270 50	3/	3.42
		ive ulax	CAS INC	emar	1×1 - 1 - 1 - 1 - 1	guest pr	MACT	u my	<b>W</b>
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		•	<u>_</u>				Alexander	1/OU	11
				_			y con-		-
ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION o	f SERVICES or PR	RODUCT	UNIT PRICE	TOT	
5401		P	UMP CHARGE	Ē	•			920	(2)
5408	· 3D		ILEAGE					109	50
1402	760		casi	<u> کلے میں</u>	no tase				
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etn 8737		<u> </u>	<del>,                                    </del>		<del> </del>		SALES TAX ESTIMATED	100	XY
	3	red Kr	_				TOTAL	1500	1.24

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.