



KANSAS CORPORATION COMMISSION 1060341
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>10/23/2010</u>	<u>10/25/2010</u>	<u>10/26/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-045-21690-00-00

Spot Description: _____
NW SW SE SW Sec. 6 Twp. 14 S. R. 21 East West
495 Feet from North / South Line of Section
3795 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Douglas

Lease Name: WERTS Well #: 3

Field Name: _____

Producing Formation: Squirrel Sandstone

Elevation: Ground: 939 Kelly Bushing: 0

Total Depth: 800 Plug Back Total Depth: _____

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

feet depth to: 0 w/ 125 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 Gertzel Date: 10/31/2011



1060341

Operator Name: Pharyn Resources, LLC Lease Name: WERTS Well #: 3
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
Table with columns: 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:

