



KANSAS CORPORATION COMMISSION 1071564
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: NA
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 #: _____
6/2/2011 6/3/2011 6/12/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-091-23445-00-00
Spot Description: _____
NE_NE_SW_NW Sec. 30 Twp. 14 S. R. 22 East West
3761 Feet from North / South Line of Section
4054 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: LONGANECKER Well #: 29
Field Name: Longanecker
Producing Formation: Bartlesville
Elevation: Ground: 1063 Kelly Bushing: 0
Total Depth: 975 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 85 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 85 w/ 12 sx cml.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 1500 ppm Fluid volume: 80 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 Carrico Date: 01/11/2012



1071564

Operator Name: Pharyn Resources, LLC Lease Name: LONGANECKER Well #: 29
 Sec. 30 Twp. 14 S. R. 22 East West County: Johnson

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: GammaRay/Neutron/CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>GammaRay</td> <td></td> <td></td> </tr> </table>	Name	Top	Datum	GammaRay		
Name	Top	Datum					
GammaRay							

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	10	85	Portland	12	50/50 POZ
Completion	5.6250	2.8750	8	962	Portland	130	50/50 POZ

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

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
3	903.0-910.0	2" DML RTG	7

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 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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**VANS
ENERGY
DEVELOPMENT
INC.**

11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083
Fax: 913-557-9084

WELL LOG
Pharyn Resources, LLC
Longanecker #29
API # 15-091-23,445
June 2 - June 3, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
10	soil & clay	10
5	sandstone	15
7	shale	22
60	sandstone	82
3	lime	85
8	shale	93
7	lime	100
6	shale	106
21	lime	127
3	shale	130
8	lime	138
17	shale	155
15	lime	170
13	shale	183
14	lime	197
6	shale	203
2	lime	205
10	shale	215
12	lime	227
23	shale	250
20	lime	270
16	shale	286
9	lime	295
18	shale	313
4	lime	317
13	shale	330
17	lime	347
34	shale	381
21	lime	402
7	shale	409
21	lime	430
5	shale	435
2	lime	437
8	shale	445
5	lime	450 base of the Kansas City
172	shale	622

Longanecker #29

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6	lime	628
12	shale	640
3	lime	643
26	shale	669
5	broken sand	674
22	shale	696
2	lime	698
53	shale	751
10	lime	761
127	shale	888
10	lime	898
5	shale	903
1	broken sand	904 good bleeding, 80% bleeding sand 20% silty shale
4	oil sand	908
3	broken sand	911 good bleeding, laminated
4	silty shale	915
60	shale	975 TD

Drilled a 9 7/8" hole to 84.6'
 Drilled a 5 5/8" hole to 975'

Set 84.6' of 7" surface casing cemented by Consolidated Oil Well Service.

Set 962.5' of 2 7/8" threaded and coupled 8 round upset tubing including 4 centralizers, 1 float shoe, 1 clamp.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 31992
LOCATION Ottawa, KS
FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/3/11	6387	Longaneer # 29	NW 30	14	22	JO
CUSTOMER Phayva Resources LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 15621 W 87th Ste 262			506	Fred	Safety mix	
CITY Lenexa, KS			368	Ran	KA	
STATE KS			370	Arden	AAW	
ZIP CODE 66219			510	Geel	CNP	

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 925' CASING SIZE & WEIGHT 2 1/8 BBL
CASING DEPTH 962' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2 plug
DISPLACEMENT 5.6 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel Flush
Mix + Pump 130 SKS 50/50 Poz Mix Cement 2% Gel 1/2#
Phen Seal / SK Cement to surface. Flush pump + lines
clean. Displace 2-2 1/2" Rubber plugs to casing TD at 5.6 BBL
Fresh under pressure to 800# PSI. Release pressure to
set float valve. Shut in casing

Evans Energy Dev. Inc

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	30mi	MILEAGE		120.00
5402	962'	Casing footage		N/C
5407	1/2 Minimum	Ton Miles		165.00
5502E	2 hrs	80 BBL Vac Truck		180.00
1124	130	50/50 Poz Mix Cement		1358.00
1118B	3.19#	Premium Gel		63.00
1107A	65#	Phen Seal		79.30
4402	2	2 1/2" Rubber Plugs		56.00
		WO# 241759		
		7.525%	SALES TAX	117.21
			ESTIMATED TOTAL	3114.21

Rev 5/3/07

AUTHORIZATION J. Mader 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.