



KANSAS CORPORATION COMMISSION 1071567
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 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>5/18/2011</u>	<u>5/21/2011</u>	<u>5/24/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23439-00-00
Spot Description: _____
NW SW SE NW Sec. 30 Twp. 14 S. R. 22 East West
3080 Feet from North / South Line of Section
3950 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: LONGANECKER Well #: I-17
Field Name: Longanecker
Producing Formation: Bartlesville
Elevation: Ground: 1071 Kelly Bushing: 0
Total Depth: 980 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 89 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: 89 w/ 12 sx cmf.

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 Gertler Date: 01/11/2012



1071567

Operator Name: Pharyn Resources, LLC Lease Name: LONGANECKER Well #: I-17
 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 Name Top Datum GammaRay
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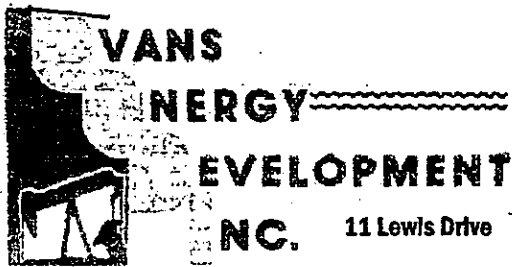
CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9	7	10	89	Portland	12	50/50 POZ
Completion	5.6250	2.8750	8	960	Portland	165	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 <i>(Amount and Kind of Material Used)</i>	Depth
3	913.0-9321.0	2" DML RTG	8

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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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 #1-17
API # 15-091-23,439
May 18 - May 24, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
6	soil & clay	6
7	shale	13
6	sandstone	19 water
10	shale	29
39	sandstone	68
1	limey sand	69
14	sandstone	83
4	shale	87
1	lime	88
23	shale	111
17	lime	128
7	shale	135
10	lime	145
15	shale	160
12	lime	172
18	shale	190
23	lime	213
11	shale	224
11	lime	235
20	shale	255
23	lime	278
15	shale	293
10	lime	303
17	shale	320
8	lime	328
8	shale	336
12	lime	348
44	shale	392
19	lime	411
6	shale	417
29	lime	446
7	shale	453
2	lime	455
181	shale	636
8	lime	644
5	shale	649
5	lime	654
11	shale	665

9	lime	674
12	shale	686
6	lime	692
11	shale	703
5	lime	708
4	shale	712
6	lime	718
54	shale	772
5	oil sand	777 brown, lite bleeding, good odor
136	shale	913
2	oil sand	915
3	broken sand	918 good bleeding, 60% bleeding sand, 40% silty shale
4	silty shale	922
8	shale	930
0.5	coal	930.5
49.5	shale	980 TD

Drilled a 9 7/8" hole to 89.2'

Drilled a 5 5/8" hole to 980'

Set 89.2' of 7" surface casing cemented by Consolidated Oil Well Service.

Set 959.5' of 2 7/8" threaded and coupled 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 31964

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
5/23/11	6337	Langancker I-17	NW 30	14	22	JO
CUSTOMER			TRUCK #			
Pharvin Resources LLC			506	Driver	TRUCK #	DRIVER
MAILING ADDRESS			368	Harold	Safety Well	
15621 W 87 th St. Ste 262			370	Arlen	HJB	
CITY	STATE	ZIP CODE	548	Cecil	CHP	
Lenexa	KS	66219				

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 980 CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 960' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.58 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Wash down Appx 450' casing Pump 100# Gel. Circulate around
 From pit. Pump 100# Premium Gel. Circulate around from pit lay down
 Rig + Mix + Pump 100# Premium Gel Flush Mix + Pump 60 sks Cement
 Deck engineer on pump Truck quit. Attempt to flush cement
 From well From pit. Last circulation & Pumped pit dry.
 Pull Rig back over well & pull 2 7/8" casing. Redrill w/ drill pipe & Bit
 to 960' Mix + Pump 20 sks Premium Gel to get hole thru drill pipe
 Pull drill pipe. Run 2 7/8" casing to 640'. Circulate Gelled
 water from pit to condition hole. - See attached photo.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	30 mi	MILEAGE		120 ⁰⁰
5402	960	Casing Footage		N/C
5407	Minimum	Ten Miles		320 ⁰⁰
5502	8 hrs	80 BBL Vac Truck		720 ⁰⁰
5609	4 hrs	Pump Truck - (wash casing & condition hole)		800 ⁰⁰
1124	165 sks	50/50 Por Mix Cement		1724 ³⁵
11180	2.828 ⁴	Premium Gel		565 ⁶⁰
1107A	83 ⁴	Pheno Seal		101 ²⁵
4402	2	2 7/8" Rubber Plug		56 ⁰⁰
		NO# 2411601		
			7.525%	SALES TAX
				ESTIMATED
				TOTAL
				184 ²⁵

Rev 07/07

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