

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASEOPERATOR: License # 34349Name: Pharyn Resources, LLCAddress 1: 15621 W 87TH ST, STE 262

Address 2: _____

City: LENEXA State: KS Zip: 66219 + _____Contact Person: Phil HudnallPhone: (913) 390-7022CONTRACTOR: License # 8509Name: 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 #: _____

<u>6/3/2011</u>	<u>6/4/2011</u>	<u>6/6/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23441-00-00

Spot Description: _____

SW NW NE SW Sec. 30 Twp. 14 S. R. 22 East West2200 Feet from North / South Line of Section3950 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

 NE NW SE SWCounty: JohnsonLease Name: LONGANECKER Well #: I-19Field Name: LonganeckerProducing Formation: BartlesvilleElevation: Ground: 1064 Kelly Bushing: 0Total Depth: 960 Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at: 85 FeetMultiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 0feet depth to: 85 w/ 12 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1500 ppm Fluid volume: 80 bblsDewatering 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 Garrison Date: 01/17/2012



Operator Name: Pharyn Resources, LLC Lease Name: LONGANECKER Well #: I-19
 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	85	Portland	12	50/50 POZ
Completion	5.6250	2.8750	8	940	Portland	130	50/50 POZ

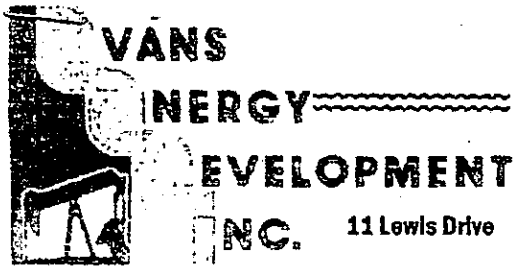
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
— Perforate				
— Protect Casing				
— Plug Back TD	-			
— Plug Off Zone	-			

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	904.0-911.0	2" DML RTG	7

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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> <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 #1-19

API # 15-091-23,441

June 3 - June 6, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
7	soil & clay	7
5	sandstone	12
5	shale	17
63	sandstone	80
2	lime	82
24	shale	106
16	lime	122
8	shale	130
9	lime	139
6	shale	145
23	lime	168
16	shale	184
22	lime	206
10	shale	216
13	lime	229
23	shale	252
20	lime	272
17	shale	289
9	lime	298
18	shale	316
28	lime	344
45	shale	389
77	lime	466 base of the Kansas City
165	shale	631
7	lime	638
5	shale	643
16	lime	659
6	broken sand	665 brown, lite bleeding
5	shale	670
11	lime	681
44	shale	725
29	lime	754
14	shale	768
10	lime	778
126	shale	904
1	broken sand	905 good bleeding

Longanecker #I-19

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7	oil sand	912
1	broken sand	913 good bleeding, laminated
5	silty shale	918
42	shale	960 TD

Drilled a 9 7/8" hole to 84.6'

Drilled a 5 5/8" hole to 960'

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

Set 945.5' of 2 7/8" threaded and coupled 8 round upset tubing including 4 centralizers, 1 float shoe, 1 clamp.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 32568

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-6-11	6337	Longmecker # I-19	S NW 30	14	22	JO

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Phayn Resources MAILING ADDRESS 15621 W 57th Ste 262 CITY: <u>Lenexa</u> STATE: <u>KS</u> ZIP CODE: <u>66219</u>	506	Fred	Safety Mfg	
	268	Ken	KH	
	370	Aiken	APM	
	558	Gary	APM	

JOB TYPE longstring HOLE SIZE 5 7/8 HOLE DEPTH 925' 60" CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 900 DRILL PIPE 940 TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.46 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel
Flush. Mix + Pump 130 sks 50/50 Por Mix Cement 270 Gal
1/2" Pheno Seal/sk. Cement to Surface. Flush pump + lines clean
Displace 2 1/2" Rubber plug to casing TD w/ 5.46 BBL Fresh water.
Pressure to 800# PSI. Hold pressure for 30 min. MIT.
Release pressure to set float valve. Shut in casing.

Evans Energy Dev. Inc (Kenny)

Fred Maden

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	940'	Casing footage		NK
5407	1/2 Minimum	Ton Miles		165 ⁰⁰
55020	2 1/2 hrs	80 BBL Voe Truck		225 ⁰⁰
1120	130 SKS	50/50 Por Mix Cement		1358 ⁵⁰
1115B	319#	Premium Gel		63 ⁸⁰
1107A	65#	Pheno Seal		79 ³⁰
4402	2	2 1/2" Rubber Plugs		56 ⁰⁰
		<u>WD# 241994</u>		
			7.525	SALES TAX
				ESTIMATED
				TOTAL
				117 ³¹
				3159 ⁸¹

Rev'n 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 fo

Summary of Changes

Lease Name and Number: LONGANECKER I-19

API/Permit #: 15-091-23441-00-00

Doc ID: 1071973

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	01/11/2012	01/17/2012
Save Link	../kcc/detail/operatorE ditDetail.cfm?docID=10 71572	../kcc/detail/operatorE ditDetail.cfm?docID=10 71973

Summary of Attachments

Lease Name and Number: LONGANECKER I-19

API: 15-091-23441-00-00

Doc ID: 1071973

Correction Number: 1

Attachment Name