



KANSAS CORPORATION COMMISSION 1049010
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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____ Date: _____



1049010

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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

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

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	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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PO BOX 31 Russell, KS 67665

Voice: (785) 483-3887
Fax: (785) 483-5566

2347

RECEIVED
SEP 24 2010

INVOICE

Invoice Number: 124447

Invoice Date: Sep 13, 2010

Page: 1

Bill To:
FIML Natural Resources LLC
410 17th St., #900
Denver, CO 80202

Federal Tax I.D.#: 20-5975804

Weisenberger 11B-7-1931

Customer ID	Well Name# or Customer P.O.	Payment Terms
FIML	Wsnbrger #11B-7-1931	Net 30 Days
Job Location	Camp Location	Service Date
KS1-01	Oakley	Sep 13, 2009
		Due Date
		10/13/10

Quantity	Item	Description	Unit Price	Amount
240.00	MAT	Class A Common	15.45	3,708.00
5.00	MAT	Gel	20.80	104.00
8.00	MAT	Chloride	58.20	465.60
253.00	SER	Handling	2.40	607.20
65.00	SER	Mileage 253 sx @ .10 per sk per mi	25.30	1,644.50
1.00	SER	Surface	1,018.00	1,018.00
95.00	SER	Extra Footage	0.85	80.75
65.00	SER	Pump Truck Mileage	7.00	455.00
1.00	EQP	8.5/8 AFU Insert	158.00	158.00
3.00	EQP	8.5/8 Centralizer	49.00	147.00
1.00	EQP	8.5/8 Wooden Plug	68.00	68.00

D10069

810-145
John D. BA

Subtotal	8,456.05
Sales Tax	339.49
Total Invoice Amount	8,795.54
Payment/Credit Applied	
TOTAL	8,795.54

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 1691.21

ONLY IF PAID ON OR BEFORE

Oct 8, 2010

-1691.21
7104.33

ALLIED CEMENTING CO., LLC. 035456

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Oakley, Ky

DATE 9/13/10	SEC. 7	TWP. 19	RANGE 31	CALLED OUT	ON LOCATION	JOB START 1:30pm	JOB FINISH 2:00pm
LEASE Weisberger		WELL # 116-7-1931		LOCATION Scott City E To Roedok Rd		COUNTY Scott	STATE Ky
OLD OR NEW Circle one				LOCATION 434 S Pinto			

CONTRACTOR **Marvin & I** OWNER **Sam**

TYPE OF JOB **Surface**

HOLE SIZE **12 1/4** T.D. **395**

CASING SIZE **8 7/8** DEPTH **395**

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX DEPTH

MEAS. LINE MINIMUM

CEMENT LEFT IN CSG. **15'** SHOE JOINT

PERFS.

DISPLACEMENT **28.65**

EQUIPMENT

PUMP TRUCK CEMENTER **Alan**

422 HELPER **Wayne**

BULK TRUCK DRIVER **Terry**

394

BULK TRUCK DRIVER

#

REMARKS:

*Run 8 7/8 Casing Circularity My 240 Sks Com 300cc
290 gal, Displace Plug w/28.18881 Ha 2*

DEPTH OF JOB

PUMP TRUCK CHARGE **1018.25**

EXTRA FOOTAGE **25ft @ .85**

MILEAGE **65 @ 7.90**

MANIFOLD

TOTAL **1553.25**

CHARGE TO: **F M L**

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

Hy Inport @ **150.00**

Centralizers 3 @ **49.00**

woodn Plug @ **60.00**

TOTAL **373.00**

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME **Gary Dole**

SIGNATURE **W Gary Dole**

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT

IF PAID IN 30 DAYS



PO BOX 31 Russell, KS 67665

Voice: (785) 483-3887
Fax: (785) 483-5566

2347

RECEIVED
OCT 01 2010

INVOICE

Invoice Number: 124539

Invoice Date: Sep 19, 2010

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Bill To:
FIML Natural Resources LLC
410 17th St., #900
Denver, CO 80202

Federal Tax I.D.#: 20-5975804

Weisenberger 11B-7-1931

Customer ID	Well Name# or Customer P.O.	Payment Terms
FIML	Wsnbrger 11B-7-1931	Net 30 Days
Job Location	Camp Location	Service Date
KS1-02	Oakley	Sep 19, 2010
		Due Date
		10/19/10

Quantity	Item	Description	Unit Price	Amount
6.00	MAT	Gel	20.80	124.80
336.00	MAT	ASC Class A	18.60	6,249.60
330.00	MAT	ALW	14.05	4,636.50
3,330.00	MAT	Gilsonite	0.89	2,963.70
167.00	MAT	Flo Seal	2.50	417.50
500.00	MAT	WFR-2	1.27	635.00
817.00	SER	Handling	2.40	1,960.80
65.00	SER	Mileage 817 sx @ .10 per sk per mi	81.70	5,310.50
1.00	SER	Production Casing	1,185.00	1,185.00
65.00	SER	Pump Truck Mileage	7.00	455.00
2.00	EQP	4.5 Basket	169.00	338.00
1.00	EQP	4.5 Sure Seal Float Shoe	426.00	426.00
1.00	EQP	4.5 Sure Seal Float Collar	376.00	376.00
25.00	EQP	4.5 Centralizer	32.00	800.00
1.00	EQP	4.5 Rubber Plug	55.00	55.00
Subtotal				25,933.40
Sales Tax				1,242.61
Total Invoice Amount				27,176.01
Payment/Credit Applied				
TOTAL				27,176.01

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 5186.68

ONLY IF PAID ON OR BEFORE

Oct 14, 2010

D10069

820-118

Wm D. B...

- 5186.68

21,989.33

ALLIED CEMENTING CO., LLC. 035463

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

DeKkey K

DATE <i>9/19/10</i>	SEC. <i>7</i>	TWP. <i>19</i>	RANGE <i>31</i>	CALLED OUT	ON LOCATION	JOB START COUNTY	JOB FINISH STATE
<i>Meiember per LEASE</i>	<i>116-7-1991</i>			LOCATION <i>Scott City E to Rodco Rd</i>		<i>52077</i>	<i>K1</i>
OLD OR NEW (Circle one) <i>NEW</i>				OWNER <i>Same</i>			

CONTRACTOR *Maxson 21 Production*

TYPE OF JOB *7" IP* T.D. *4850.0*

CASING SIZE *4 1/2* DEPTH *2989.4*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT *2122*

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT *47.19* *47.6*

EQUIPMENT

PUMP TRUCK	CEMENTER	<i>Alan</i>
# <i>402</i>	HELPER	<i>Wayne</i>
BULK TRUCK	DRIVER	<i>Jerry</i>
# <i>386</i>	DRIVER	<i>Wayne</i>

CEMENT

AMOUNT ORDERED *336 SKS ASC 1090 subst*

2000L 5" Gilsonite 14lb Flo Seal

330 SKS ALW 14lb Flo 5" Gilsonite

500 gal water

COMMON @

POZMIX @

GEL @ *2000* *12400*

CHLORIDE @

ASC *336 SKS* @ *1800* *62490*

ALW 330 SKS @ *1400* *46350*

Gilsonite 3330 lb @ *89* *296320*

Flo Seal 167 lb @ *250* *41750*

500 gal WFR II @ *442* *63500*

HANDLING 817 SKS @ *242* *196000*

MILEAGE 129 SK/mi @ *5310* *50*

TOTAL ~~22290~~ *22290*

REMARKS:

On 4 1/2 Cas Circulate on bottom mix 500 gal WFR II MAX 30SKS shut hole 20 SKS Monitor flow Ann 280 SKS ALW 14lb Flo 5" Gilsonite Tail w/ 336 SKS ASC 1090 sub 2000L 5" Gilsonite 14lb Flo Seal 147 lbs ASC 1090 PST LIFT Land Aug 2000 PST Float Held Cement Did Circulate.

Thank you Alan, Wayne, Jerry, Will

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE *118500*

EXTRA FOOTAGE @

MILEAGE *65 miles* @ *200* *45500*

MANIFOLD @

CHARGE TO: *FIML*

STREET _____ TOTAL *16400*

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

W *Garrett* *-2* *16900* *33800*

Shur Seal Foot Shop -1 @ *42600* *42600*

Shur Seal Float -1 @ *37600* *37600*

Centrol 2251 *-25* @ *3200* *800000*

Rubber Plug *-1* @ *5500* *5500*

TOTAL *199500*

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (if Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME *Gary Dole*

SIGNATURE *Gary Dole*



*Mark Parkinson, Governor
Thomas E. Wright, Chairman
Joseph F. Harkins, Commissioner
Ward Loyd, Commissioner*

January 10, 2011

Cassie Parks
FIML Natural Resources, LLC
410 17TH ST STE 900
DENVER, CO 80202-4420

Re: ACO1
API 15-171-20772-00-00
Weisenberger 11B-7-1931
SW/4 Sec.07-19S-31W
Scott County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Cassie Parks