



KANSAS CORPORATION COMMISSION 1052507  
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: \_\_\_\_\_



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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Form	ACO1 - Well Completion
Operator	FIML Natural Resources, LLC
Well Name	Suppes 6A-34-1831
Doc ID	1052507

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
	Plug #1 set at 2053-2280' (227')	50 sx cement	2053-2280'
	Plug #2 set at 1106-1470' (364')	80 sx cement	1106-1470'
	Plug #3 set at 493-720' (227')	50 sx cement	493-720'
	Plug #4 set at 193-420' (227')	50 sx cement	193-420'
	Plug #5 set at 0-60'	20 sx cement	0-60'
	Rat hole	30 sx cement	
	Mouse hole	20 sx cement	

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



phone: 316-337-6200  
fax: 316-337-6211  
<http://kcc.ks.gov/>

Thomas E. Wright, Chairman  
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

March 16, 2011

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

Re: ACO1  
API 15-171-20788-00-00  
Suppes 6A-34-1831  
NW/4 Sec.34-18S-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



PO BOX 31 Russell, KS 67665

RECEIVED  
DEC 06 2010

2347

# INVOICE

Invoice Number: 125468

Invoice Date: Nov 30, 2010

Page: 1

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

**Bill To:**

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

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms	
FIML	Suppes #6A-34-1831	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Nov 30, 2010	12/30/10

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
55.00	SER	Mileage 253 sx @ .10 per sk per mi	25.30	1,391.50
1.00	SER	Surface	1,018.00	1,018.00
55.00	SER	Pump Truck Mileage	7.00	385.00
1.00	EQP	8.5/8 Baffle Plate	67.20	67.20
3.00	EQP	8.5/8 Centralizer	49.00	147.00
1.00	EQP	8.5/8 Surface plug	68.00	68.00

810-145  
Adam J. Baker

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

\$ 1592.30

ONLY IF PAID ON OR BEFORE  
Dec 25, 2010

Subtotal	7,961.50
Sales Tax	332.87
Total Invoice Amount	8,294.37
Payment/Credit Applied	
<b>TOTAL</b>	<b>8,294.37</b>

D 10 135

-1592.30  
6702.07





PO BOX 31 Russell, KS 67665

RECEIVED  
DEC 13 2010

2347

# INVOICE

Invoice Number: 125546

Invoice Date: Dec 7, 2010

Page: 1

Voice: (785) 483-3887

Fax: (785) 483-5566

**Bill To:**

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

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms	
FIML	Suppes 6 A #34-1831	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Oakley	Dec 7, 2010	1/6/11

Quantity	Item	Description	Unit Price	Amount
180.00	MAT	Class A Common	15.45	2,781.00
120.00	MAT	Pozmix	8.00	960.00
10.00	MAT	Gel	20.80	208.00
75.00	MAT	Flo Seal	2.50	187.50
313.00	SER	Handling	2.40	751.20
55.00	SER	Mileage 313 sx @ .10 per sk per mi	31.30	1,721.50
1.00	SER	Plug to Abandon	1,017.00	1,017.00
55.00	SER	Pump Truck Mileage	7.00	385.00

8100-190  
Adam Q. Bl...  
D10135

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

\$ 1602.24

ONLY IF PAID ON OR BEFORE  
Jan 1, 2011

Subtotal	8,011.20
Sales Tax	584.82
Total Invoice Amount	8,596.02
Payment/Credit Applied	
<b>TOTAL</b>	<b>8,596.02</b>

- 1602.24  
6993.78

1301

CONTRACTOR VIIU-4120 #21  
 TYPE OF JOB PTA  
 HOLE SIZE 7 7/8 T.D. 4800'  
 CASING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE 4 1/2 DEPTH 2280'  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_

OWNER \_\_\_\_\_  
 CEMENT  
 AMOUNT ORDERED 300 SKS 60/40  
4090sel 14\* Slossal  
(6090 class A - 4090 pos)

**EQUIPMENT**  
 PUMP TRUCK CEMENTER Fuzzy  
 # 431 HELPER Kelly  
 BULK TRUCK  
 # 394 DRIVER Darrin  
 BULK TRUCK  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

COMMON	<u>180</u>	@ <u>15.45</u>	<u>2781.00</u>
POZMIX	<u>120</u>	@ <u>8.00</u>	<u>960.00</u>
GEL	<u>10</u>	@ <u>20.80</u>	<u>208.00</u>
CHLORIDE		@	
ASC		@	
<u>Slossal</u>	<u>75*</u>	@ <u>2.50</u>	<u>187.50</u>
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>313</u>	@ <u>2.40</u>	<u>751.20</u>
MILEAGE	<u>1005K</u>	@ <u>1.72</u>	<u>1721.50</u>
			<b>TOTAL</b> <u>6609.20</u>

**REMARKS:**  
50 SKS @ 2280-2053  
80 SKS @ 1470-1106  
60 SKS @ 770-493  
50 SKS @ 420-193  
20 SKS @ 60'  
20 SKS mvt  
30 SKS PH  
Job complete @ 9:15 am  
Thanks Fuzzy

**SERVICE**  
 DEPTH OF JOB \_\_\_\_\_  
 PUMP TRUCK CHARGE \_\_\_\_\_ 1017.00  
 EXTRA FOOTAGE @ \_\_\_\_\_  
 MILEAGE 55 @ 7.00 385.00  
 MANIFOLD @ \_\_\_\_\_  
 CREW @ \_\_\_\_\_  
 TOTAL 1402.00

CHARGE TO: FIML  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

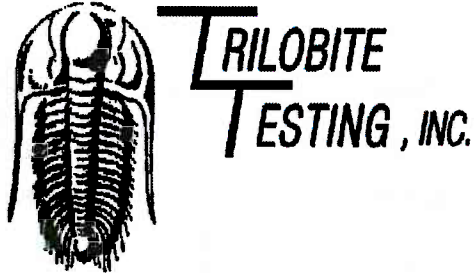
**PLUG & FLOAT EQUIPMENT**  
 @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 TOTAL \_\_\_\_\_

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 Duke  
 SIGNATURE [Signature]





## DRILL STEM TEST REPORT

Prepared For: **FIML Natral Resources LLC**

410 17th St. STE.900  
Denver Co 80202

ATTN: Jim Musgrove

**34-18-31 Scott KS**

**Suppes**

Start Date: 2010.12.04 @ 04:56:15

End Date: 2010.12.04 @ 11:29:30

Job Ticket #: 040199      DST #: 1

**RECEIVED**  
**DEC 16 2010**

Trilobite Testing, Inc  
PO Box 1733 Hays, KS 67601  
ph: 785-625-4778 fax: 785-625-5620

**ORIGINAL**

Printed: 2010.12.14 @ 10:06:56 Page 1

FIML Natral Resources LLC

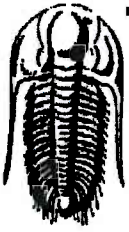
Suppes

34-18-31 Scott KS

DST # 1

Marmaton Altamont A-

2010.12.04



**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

FML Natral Resources LLC

410 17th St. STE 900  
Denver Co 80202

ATTN: Jim Musgrove

Suppes

34-18-31 Scott KS

Job Ticket: 040199

DST#: 1

Test Start: 2010.12.04 @ 04:56:15

## GENERAL INFORMATION:

Formation: **Marmaton Altamont A-**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 07:18:00

Time Test Ended: 11:29:30

Test Type: Conventional Bottom Hole

Tester: Mike Roberts

Unit No: 48

Interval: 4304.00 ft (KB) To 4410.00 ft (KB) (TVD)

Total Depth: 4410.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 2941.00 ft (KB)

2931.00 ft (CF)

KB to GR/CF: 10.00 ft

Serial #: 8358

Outside

Press@RunDepth: 22.48 psig @ 4375.00 ft (KB)

Start Date: 2010.12.04

End Date:

2010.12.04

Start Time: 04:56:15

End Time:

11:29:30

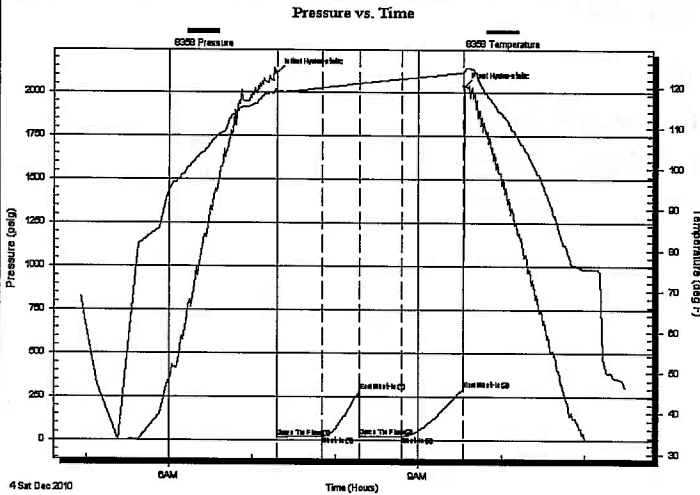
Capacity: 8000.00 psig

Last Calib.: 2010.12.04

Time On Btm: 2010.12.04 @ 07:17:45

Time Off Btm: 2010.12.04 @ 09:33:00

TEST COMMENT: IF: Built to a surface blow  
IS: No return blow  
FF: No blow  
FS: No return blow



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2110.02	119.48	Initial Hydro-static
1	17.88	118.90	Open To Flow (1)
33	20.13	119.84	Shut-In(1)
60	281.69	120.98	End Shut-In(1)
60	21.62	120.90	Open To Flow (2)
90	22.48	122.09	Shut-In(2)
135	296.93	123.59	End Shut-In(2)
136	2033.71	124.00	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
5.00	m 100% m	0.02

## Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE  
TESTING, INC**

**DRILL STEM TEST REPORT**

**TOOL DIAGRAM**

FIML Natral Resources LLC

**Suppes**

410 17th St. STE.900  
Denver Co 80202

**34-18-31 Scott KS**

Job Ticket: 040199

**DST#: 1**

ATTN: Jim Musgrove

Test Start: 2010.12.04 @ 04:56:15

**Tool Information**

Drill Pipe:	Length: 4021.00 ft	Diameter: 3.80 inches	Volume: 56.40 bbl	Tool Weight: 1500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 271.00 ft	Diameter: 2.25 inches	Volume: 1.33 bbl	Weight to Pull Loose: 90000.00 lb
		<b>Total Volume:</b>	<b>57.73 bbl</b>	Tool Chased 0.00 ft
Drill Pipe Above KB:	8.00 ft			String Weight: Initial 75000.00 lb
Depth to Top Packer:	4304.00 ft			Final 75000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	106.00 ft			
Tool Length:	126.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			4285.00	
Shut In Tool	5.00			4290.00	
Hydraulic tool	5.00			4295.00	
Packer	5.00			4300.00	20.00 Bottom Of Top Packer
Packer	4.00			4304.00	
Stubb	1.00			4305.00	
Perforations	5.00			4310.00	
Change Over Sub	1.00			4311.00	
Drill Pipe	63.00			4374.00	
Change Over Sub	1.00			4375.00	
Recorder	0.00	8358	Outside	4375.00	
Recorder	0.00	8322	Outside	4375.00	
Perforations	30.00			4405.00	
Bullnose	5.00			4410.00	106.00 Bottom Packers & Anchor

**Total Tool Length: 126.00**



**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

## FLUID SUMMARY

FIML Natral Resources LLC

Suppes

410 17th St. STE.900  
Denver Co 80202

**34-18-31 Scott KS**

Job Ticket: 040199

DST#: 1

ATTN: Jim Musgrove

Test Start: 2010.12.04 @ 04:56:15

### Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 55.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.37 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 1500.00 ppm

Filter Cake: 1.00 inches

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	m 100% m	0.025

Total Length: 5.00 ft

Total Volume: 0.025 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

