

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

4/07/09

Operator: License # 33476
Name: FIML Natural Resources, LLC
Address: 410 17th Street Ste. 900
City/State/Zip: Denver, CO. 80202
Purchaser: _____
Operator Contact Person: Cassandra Parks
Phone: (303) 893-5090
Contractor: Name: Murfin Drilling Company
License: 30606
Wellsite Geologist: _____

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Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

KCC

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____

12-13-2007	12/22/2007	3/14/2008
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 171-20677-0000
County: Scott
_____ NW SW Sec. 28 Twp. 18 S. R. 31 East West
1980 feet from (S) N (circle one) Line of Section
660 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Long Family Partnership LP Well #: 12-28-1831
Field Name: Hugoton Northeast

Producing Formation: Krider
Elevation: Ground: 2963' Kelly Bushing: 2973'
Total Depth: 2802' Plug Back Total Depth: 2773'
Amount of Surface Pipe Set and Cemented at 9 jts @ 365 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 2822
feet depth to surface w/ 225 _____ sx cmt.

Drilling Fluid Management Plan AH II NH 11-06-08
(Data must be collected from the Reserve Pit)
Chloride content 2300 ppm Fluid volume 800 bbls
Dewatering method used Evaporation/backfill
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: [Signature]
Title: Regulatory Specialist Date: 4/7/2008
Subscribed and sworn to before me this 7th day of April,
20 08.
Notary Public: Elizabeth B Lauer
Date Commission Expires: 7-1-2010

KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION
APR 09 2008

Operator Name: FIML Natural Resources, LLC Lease Name: Long Family Partnership LP Well #: 12-28-1831
 Sec. 28 Twp. 18 S. R. 31 East West County: Scott

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Krider	2769'	204
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
GammaRay/Neutron/CCL				

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	10"	7"	17#	365'	Portland Type I/II	110	
Production	6.25"	4.5"	10.5#	2834'	Light	125	0.25 pps flo, 5.0 pps gil
					ASC	100	10% salt & 2% gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> 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
4	2775-2779'	Acidize w/ 500 gal 20% MCA	2775-79'

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2-3/8"	2774'			
Date of First, Resumerd Production, SWD or Enhr. Waiting on pipeline			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 METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease
 Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) Other (Specify)



410 17th Street, Suite 900
Denver, CO 80202
Phone: (303) 893-5073
Fax: (303) 573-0386

April 7, 2008

Kansas Corporation Commission
Conservation Division
130 S. Market, Room 2078
Wichita, KS 67202-3802

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KCC

Dear Sir or Madam:

FIML Natural Resources, LLC is requesting that you hold all well logs and side 2 of Form ACO-1 (Well Completion Form) confidential for a period of 12 months for the Long Family Partnership LP #12-28-1831 located in the NWSW Section 28, T-18S, R-31W, Scott County, Kansas.

If you have any questions or need further information, please contact Cassandra Parks at 303-893-5090.

Sincerely

A handwritten signature in black ink, appearing to read 'Cassandra Parks'.

Cassandra Parks
Regulatory Specialist

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CONSERVATION DIVISION
WICHITA, KS

FIML NATURAL RESOURCES, LLC

April 7, 2008

Kansas Corporation Commission
Conservation Division
130 S. Market, Room 2078
Wichita, KS 67202-3802

RE: Long Family Partnership LP #12-28-1831
NWSW Sec 28 T-18S, R-31W
Scott County, KS
15-171-20677-0000

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KCC

Dear Sir or Madam:

Enclosed are the following for the above referenced well:

Well Completion Form-ACO-1 (1 original 2 copies)
Allied Cementing Tickets (Production)
Perf-Tech Dual Receiver CBL (1 original)
Perf-Tech Gamma Ray/Neutron/CCL (1 original)
Letter Requesting Confidentiality

Surface cementing tickets will be forwarded to the KCC upon their receipt in our office. Copies have been requested from Advanced Drilling Technologies.

If you should require further information or have any questions, please contact me at 303-893-5090 or Cassandra.parks@fmr.com.

Sincerely,



Cassandra Parks
Regulatory Specialist

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CONSERVATION DIVISION
WICHITA, KS

Enclosures:

ALLIED CEMENTING CO., INC.

31857

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

SERVICE POINT:

Oakley

DATE <u>12-22-07</u>	SEC. <u>28</u>	TWP. <u>18s</u>	RANGE <u>31w</u>	CALLED OUT	ON LOCATION <u>10100 Ave</u>	JOB START <u>1:00 pm</u>	JOB FINISH <u>1:30 pm</u>
Lang Family				SCOTT CITY		COUNTY <u>SCOTT</u>	STATE <u>KS</u>
LEASE <u>Partnership</u>				WELL # <u>12-18</u>	LOCATION <u>8 E 1/2 S E into</u>		
OLD OR <u>(NEW)</u> (Circle one)							

CONTRACTOR ADT #144

OWNER same

TYPE OF JOB Production

HOLE SIZE 6 1/8" T.D. 2834.30'

CASING SIZE 4 1/2" DEPTH 2818.18

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 14.87

CEMENT LEFT IN CSG. 14.87

PERFS.

DISPLACEMENT 44.57 BOE **CONFIDENTIAL**

EQUIPMENT

APR 07 2008

PUMP TRUCK # 423-281 CEMENTER Andrew

BULK TRUCK # 323 DRIVER Lannie

BULK TRUCK # DRIVER

BULK TRUCK # DRIVER

BULK TRUCK # DRIVER

BULK TRUCK # DRIVER

REMARKS:

Mix 125 sks Lite followed by 100 sks ASC wash pump and line clean. Displace plug down 1000 ft lift plug did not land. Float held circulated 10 P.O. to pit.

Thank you

CEMENT

AMOUNT ORDERED 125 sks Lite 1/4 Flo-seal

5# Gilsonite/sk

100 sks ASC 108 salt 28% gel

ASC 1.37 15 LITE 1.20 12.6

COMMON @

POZMIX @

GEL 2.5k @ 16.65 33.30

CHLORIDE @

ASC 100 sks @ 14.90 1490.00

@

Lite 125 sks @ 11.25 1406.25

@

salt 10 sks @ 19.20 192.00

@

Gilsonite 6.25# @ 70 437.50

@

Flo-seal 31# @ 2.00 62.00

HANDLING 251 sks @ 1.90 476.90

MILEAGE 99 sk/mile 1242.45

TOTAL 5340.40

SERVICE

DEPTH OF JOB 2818.18'

PUMP TRUCK CHARGE 11610.00

EXTRA FOOTAGE @

MILEAGE 55 miles @ 6.00 330.00

MANIFOLD @

@

@

CHARGE TO: FEML

STREET

CITY STATE ZIP

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PLUG & FLOAT EQUIPMENT

CONSERVATION DIVISION
WICHITA, KS

@

@

@

TOTAL 1940.00

Associated Cementing Co., Inc.

You are hereby requested to rent cementing equipment and furnish cementer and helper 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE

W. Gary Dodge

TAX _____

TOTAL CHARGE _____

DISCOUNT _____

TOTAL _____

IF PAID IN 30 DAYS

W Gary Dodge

PRINTED NAME

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CONSERVATION DIVISION
WICHITA, KS