

Amended

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

6/14/02

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: _____

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

If Workover/Re-entry: Old Well Info as follows:
Operator: FIML Natural Resources, LLC

Well Name: Long Family Partnership LP 12-28-1831

Original Comp. Date: 03/14/2008 Original Total Depth: 2802'
____ 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. 30550

<u>05/14/2010</u>	<u>06/07/2010</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 171-20677-00-01
County: Scott
____ NW SW Sec. 28 Twp. 18 S. R. 31 East West
1,980 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

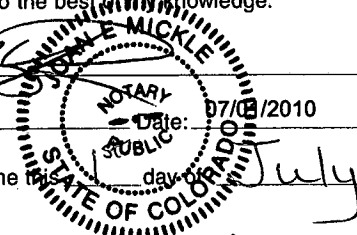
Field Name: _____
Producing Formation: NA
Elevation: Ground: 2963' Kelly Bushing: _____
Total Depth: 2802' Plug Back Total Depth: 2040'
Amount of Surface Pipe Set and Cemented at _____ Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement 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 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
Subscribed and sworn to before me this 10 day of July 2010.
Notary Public: [Signature]
Date Commission Expires: 10/17/2012



RECEIVED KCC Office Use ONLY
KANSAS CORPORATION COMMISSION
 Letter of Confidentiality Received
 Denied, Yes Date: RECEIVED
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
JUL 06 2010
JUN 06 2010
KANSAS CORPORATION COMMISSION
WICHITA, KS

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 <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 <i>(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
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 gll
					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 (Amount and Kind of Material Used)	Depth
2	1930-1982'		1930-82'

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2-3/8"	1894'	1894'	

Date of First, Resumerd Production, SWD or Enhr. 06/28/2010	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

FIML NATURAL RESOURCES, LLC

July 1, 2010

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
15-171-20677-0001
D-30550

Dear Sir or Madam:

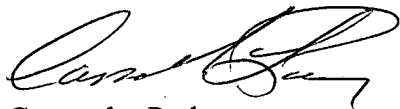
Enclosed is the following for the above referenced well.

Amended Well Completion Form (ACO-1)
Notice of Injection Commencement or Termination (U-5)

FIML Natural Resources, LLC is requesting that you hold all well logs and side 2 of Form ACO-1 (Well Completion Form) confidential for maximum length allowed by the Kansas Corporation Commission rules and regulations.

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

RECEIVED
KANSAS CORPORATION COMMISSION

Enclosures:

JUL 06 2010

WICHITA, KS