



**CONFIDENTIAL**

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 33476  
Name: FIML Natural Resources, LLC  
Address 1: 410 17TH ST STE 900  
Address 2: \_\_\_\_\_  
City: DENVER State: CO Zip: 80202 + 4420  
Contact Person: Cassie  
Phone: ( 303 ) 893-5073  
CONTRACTOR: License # 6454  
Name: Cheyenne Well Service, Inc.  
Wellsite Geologist: NA  
Purchaser: NCRA

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: FIML Natural Resources, LLC  
Well Name: Dearden 7B-16-1931  
Original Comp. Date: 11/07/2007 Original Total Depth: 4774  
 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>10/19/2010</u>	<u>10/26/2010</u>
Spud Date or Recompletion Date	Completion Date or Recompletion Date

API No. 15 - 15-171-20675-00-02  
Spot Description: \_\_\_\_\_  
   NW SW NE Sec. 16 Twp. 19 S. R. 31  East  West  
1,650 Feet from  North /  South Line of Section  
2,310 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Scott  
Lease Name: Dearden Well #: 7B-16-1931  
Field Name: \_\_\_\_\_  
Producing Formation: Lansing, Marmaton, Mississippi  
Elevation: Ground: 2961 Kelly Bushing: 2972  
Total Depth: 4774 Plug Back Total Depth: 4440  
Amount of Surface Pipe Set and Cemented at: 402 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: 3011 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: 02/09/2011  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NAOMI JAMES Date: 02/10/2011