



KANSAS CORPORATION COMMISSION 1050716
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

WELL COMPLETION FORM

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 Parks
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
- Gas
- OG
- CM (Coal Bed Methane)
- Cathodic
- WSW
- D&A
- Other (Core, Expl., etc.): _____
- SWD
- ENHR
- GSW
- SIOW
- SIGW
- Temp. Abd.

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

Operator: FIML Natural Resources, LLC
Well Name: Smith 16D-17-1931

Original Comp. Date: 08/21/2009 Original Total Depth: 4844

- 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 #: _____

11/19/2010 11/30/2010
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-171-20723-00-01

Spot Description: _____
SE SE SE Sec. 17 Twp. 19 S. R. 31 East West
330 Feet from North / South Line of Section
330 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Scott
Lease Name: SMITH Well #: 16D-17-1931

Field Name: _____
Producing Formation: Lansing, Mississippi

Elevation: Ground: 2965 Kelly Bushing: 2970

Total Depth: 4844 Plug Back Total Depth: 4809

Amount of Surface Pipe Set and Cemented at: 390 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 2979 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: 02/14/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 02/16/2011