

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

3/11/11
Form ACO-1
September 1999
Form Must Be Typed

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: NCRA
Operator Contact Person: Cassandra Parks
Phone: (303) 893-5090
Contractor: Name: Murfin Drilling Company
License: 30606
Wellsite Geologist: _____ **MAR 11 2009**

Designate Type of Completion: **KCC**
 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: SAME AS ABOVE
Well Name: _____

Original Comp. Date: 4/04/08 Original Total Depth: 4775'
 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. _____

01/23/2009 02/16/2009
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 171-20674-0001
County: Scott
NE NE NE Sec. 16 Twp. 19 S. R. 31 East West
330 feet from S / (N) (circle one) Line of Section
330 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: Dearden Well #: 1A-16-1931
Field Name: Grigston Southwest

Producing Formation: Marmaton and Mississippi
Elevation: Ground: 2957' Kelly Bushing: 2969'
Total Depth: 4775' Plug Back Total Depth: 4720'
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 amt.} wo-Dig-4/15/09

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.: _____

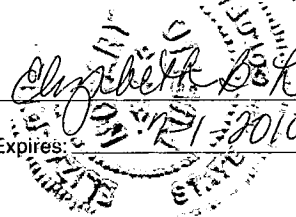
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: _____
(Title) Cassandra Parks Date: 03/11/2009

Subscribed and sworn to before me this 11th day of March
20 09.

Notary Public: _____
Date Commission Expires: _____



KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
3-16-09
MAR 16 2009

KCC WICHITA

FIML NATURAL RESOURCES, LLC

March 11, 2009

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

RE: Dearden 1A-16-1931
NENENE Sec 16 T-19S R-31W
Scott County, Kansas

KCC
MAR 12 2009
CONFIDENTIAL

Dear Sir or Madam:

Enclosed are the following for the above referenced well:

Well Completion Form (ACO-1)-Recompletion

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 feel free to contact Cassie Parks at 303-893-5090 or Cassandra.parks@fmr.com.

Sincerely,



Cassandra Parks
Regulatory Specialist

/cp
Enclosures:

RECEIVED
MAR 16 2009
KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

COPY

Form ACO-1
September 1999
Form Must Be Typed

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Operator: License # 33476
Name: FIML Natural Resources, LLC
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City/State/Zip: Denver, CO. 80202
Purchaser: NCRA
Operator Contact Person: Cassandra Parks
Phone: (303) 893-5090
Contractor: Name: Murfin Drilling Company
License: 30606

KCC
MAR 1 2009
CONFIDENTIAL

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: _____
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. _____

01/23/2009	02/16/2009
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 171-20674-0001
County: Scott
NE NE NE Sec. 16 Twp. 19 S. R. 31 East West
330 _____ feet from S / (N) (circle one) Line of Section
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Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: Dearden Well #: 1A-16-1931

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feet depth to _____ w/ _____ sx cmt.

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(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
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Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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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: _____
Title: Cassandra Parks Date: 03/11/2009
Subscribed and sworn to before me this 11th day of March
20 09.
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
MAR 16 2009

KCC WICHITA

Operator Name: FIML Natural Resources, LLC Lease Name: Dearden Well #: 1A-16-1931
 Sec. 16 Twp. 19 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 checked="" 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
<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
	4615.5, 4619-4623', 4627' & 4603-4604' (existing)	Removed CIBP @ 4560'	
4	4385-4388' & 4397-4402'	Acidize with 1000 gal 15% MCA	4385-4402'
1	4330-34'	Squeezed off with 170 sks	4330-34'
1	4330-34'	Squeezed off with 25 sks	4330-34'

TUBING RECORD		Size 2-7/8"	Set At 4712'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production 02/16/2008		SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input checked="" 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
	54		45		

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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval Application to Commingle Production is attached
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