



KANSAS CORPORATION COMMISSION 1054473
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

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

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 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 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: Long 11A-28-1831

Original Comp. Date: 09/30/2009 Original Total Depth: 5039

- 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 #: _____

12/20/2010 01/07/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-171-20726-00-01

Spot Description: _____

NE NE SW Sec. 28 Twp. 18 S. R. 31 East West
2,310 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: LONG Well #: 11A-28-1831

Field Name: _____

Producing Formation: Lansing & Mississippi

Elevation: Ground: 2952 Kelly Bushing: 2963

Total Depth: 5039 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 397 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 2995 Feet

If Alternate II completion, cement circulated from: 2995

feet depth to: 0 w/ 455 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: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 04/22/2011



1054473

Operator Name: FIML Natural Resources, LLC Lease Name: LONG Well #: 11A-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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Heebner</td> <td>3887</td> <td>-924</td> </tr> <tr> <td>Lansing</td> <td>3941</td> <td>-978</td> </tr> <tr> <td>Marmaton</td> <td>4336</td> <td>-1373</td> </tr> <tr> <td>Cherokee</td> <td>4482</td> <td>-1519</td> </tr> <tr> <td>Mississippi</td> <td>4548</td> <td>-1585</td> </tr> </table>	Name	Top	Datum	Heebner	3887	-924	Lansing	3941	-978	Marmaton	4336	-1373	Cherokee	4482	-1519	Mississippi	4548	-1585
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
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ 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
Attached	Attached	Attached	Attached

TUBING RECORD: Size: <u>2.875</u> Set At: <u>4801</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR: <u>01/08/2011</u>		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. <u>8</u>	Gas Mcf _____ Water Bbls. <u>31</u> Gas-Oil Ratio _____ Gravity _____

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 <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>4225-63'</u> <u>4290-96'</u>
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Form	ACO1 - Well Completion
Operator	FIML Natural Resources, LLC
Well Name	LONG 11A-28-1831
Doc ID	1054473

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4124-28		
2	4225-27' & 4235-37'		
		Acidize w/ 500 gal 15% MCA	4124-4137'
		Squeeze w/ 202 sxs Common Cmt	4124-28'
1	4236'	Acidize w/ 1000 gal 15% MCA	4236'
4	4260-63'	Acidize w/ 500 gal 15% MCA & 1000 gal 15% N-E	4260-63'
	4290-96'	Existing	