



**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 Parks  
 Phone: ( 303 ) 893-5090  
 CONTRACTOR: License # 6454  
 Name: Cheyenne Well Service, Inc.  
 Wellsite Geologist: NA  
 Purchaser: \_\_\_\_\_

Designate Type of Completion:

New Well     Re-Entry     Workover

Oil     WSW     SWD     SLOW

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 3-16-1931

Original Comp. Date: 08/22/2007 Original Total Depth: 4754

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>04/12/2011</u>	<u>04/22/2011</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-171-20662-00-01

Spot Description: \_\_\_\_\_  
E2\_NE\_NW Sec. 16 Twp. 19 S. R. 31  East  West  
660 Feet from  North /  South Line of Section  
2310 Feet from  East /  West Line of Section

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

County: Scott  
 Lease Name: Dearden Well #: 3-16-1931

Field Name: \_\_\_\_\_  
 Producing Formation: Lansing, Marmaton, Mississippi

Elevation: Ground: 2967 Kelly Bushing: 2979

Total Depth: 4754 Plug Back Total Depth: 4698

Amount of Surface Pipe Set and Cemented at: 399 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: 2976 Feet

If Alternate II completion, cement circulated from: 2976  
 feet depth to: 0 w/ 525 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	
<input checked="" type="checkbox"/> Letter of Confidentiality Received	Date: <u>08/09/2011</u>
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>NAOMI JAMES</u> Date: <u>06/10/2011</u>