

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 (Corr. Expl., etc.): _____

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

Operator: FIML Natural Resources, LLCWell Name: Long 11A-28-1831Original 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 #: _____

<u>12/20/2010</u>	<u>01/07/2011</u>
Spud Date or Recompletion Date	Completion Date or Recompletion Date

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

Spot Description: _____

NE_NE_SW Sec. 28 Twp. 18 S. R. 31 East West2310 Feet from North / South Line of Section2310 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

 NE NW SE SWCounty: ScottLease Name: LONG Well #: 11A-28-1831

Field Name: _____

Producing Formation: Lansing & MississippiElevation: Ground: 2952 Kelly Bushing: 2963Total Depth: 5039 Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at: 397 FeetMultiple Stage Cementing Collar Used? Yes NoIf yes, show depth set: 2995 FeetIf Alternate II completion, cement circulated from: 2995feet 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: Deanna Garrison Date: 06/16/2011



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 Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	3887	-924
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lansing	3941	-978
Electric Log Submitted Electronically <i>(If no. Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Marmaton	4336	-1373
List All E. Logs Run:		Cherokee	4482	-1519
		Mississippi	4548	-1585

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 <i>(Explain)</i> _____			
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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: <u>4225-63'</u> <u>4590-96'</u>
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Form	ACO1 - Well Completion
Operator	FIML Natural Resources, LLC
Well Name	LONG 11A-28-1831
Doc ID	1057811

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'
	4590-96'	Existing	

Summary of Changes

Lease Name and Number: LONG 11A-28-1831

API/Permit #: 15-171-20726-00-01

Doc ID: 1057811

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Deanna Garrison
Approved Date	04/22/2011	06/16/2011
Production Interval #2	4290-96'	4590-96'
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1054473	../kcc/detail/operatorEditDetail.cfm?docID=1057811