



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION 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 # 33645 Name: H2 Plains, LLC Wellsite Geologist: NA Purchaser: NCRA

Designate Type of Completion: [] New Well [x] Re-Entry [] Workover [x] 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: Dearden 7B-16-1931

Original Comp. Date: 11/7/2007 Original Total Depth: 4774

[] Deepening [x] 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 #:

03/03/2011 03/17/2011 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-171-20675-00-03

Spot Description: NW SW NE Sec. 16 Twp. 19 S. R. 31 [] East [x] West 1650 Feet from [x] North [] South Line of Section 2310 Feet from [x] East [] West Line of Section

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

County: Scott Lease Name: Dearden Well #: 7B-16-1931

Field Name: Producing Formation: Lansing, Marmaton, Mississippi

Elevation: Ground: 2961 Kelly Bushing: 2972

Total Depth: 4774 Plug Back Total Depth: 4440

Amount of Surface Pipe Set and Cemented at: 402 Feet

Multiple Stage Cementing Collar Used? [x] Yes [] No

If yes, show depth set: 3001 Feet

If Alternate II completion, cement circulated from: 3001

feet depth to: 0 w/ 600 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

[x] Letter of Confidentiality Received Date: 07/01/2011 [] Confidential Release Date: [] Wireline Log Received [] Geologist Report Received [] UIC Distribution ALT [] I [x] II [] III Approved by: NAOMI JAMES Date: 07/06/2011