



KANSAS CORPORATION COMMISSION 1076884
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

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

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) 893-5073
CONTRACTOR: License # 33793
Name: H2 Drilling LLC
Wellsite Geologist: Jim Musgrove
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: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- 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>11/27/2011</u>	<u>12/05/2011</u>	<u>12/30/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-171-20842-00-00

Spot Description: _____
W2_NE_NE_NE Sec. 20 Twp. 18 S. R. 31 East West
330 Feet from North / South Line of Section
495 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Scott

Lease Name: Frank Well #: 1A-20-1831

Field Name: _____

Producing Formation: Marmaton

Elevation: Ground: 2945 Kelly Bushing: 2957

Total Depth: 4797 Plug Back Total Depth: 4749

Amount of Surface Pipe Set and Cemented at: 376 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 3003 Feet

If Alternate II completion, cement circulated from: 3003
feet depth to: 0 w/ 415 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 14000 ppm Fluid volume: 850 bbls

Dewatering method used: Evaporated

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: 03/21/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 03/21/2012