

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

1077309

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

OPERATOR: License # 33476Name: FIML Natural Resources, LLCAddress 1: 410 17TH ST STE 900

Address 2: _____

City: DENVER State: CO Zip: 80202 + 4420Contact Person: Cassie ParksPhone: (303) 893-5073CONTRACTOR: License # 33793Name: H2 Drilling LLCWellsite Geologist: Jim MusgrovePurchaser: NCRA

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: _____

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 #: _____

01/24/2012 01/31/2012 03/19/2012

Spud Date or
Recompletion Date Date Reached TD Completion Date or
Recompletion DateAPI No. 15 - 15-171-20855-00-00

Spot Description: _____

SE SE Sec. 8 Twp. 19 S. R. 31 East West660 Feet from North / South Line of Section660 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

 NE NW SE SWCounty: ScottLease Name: Dearden Well #: 16-8-1931

Field Name: _____

Producing Formation: LansingElevation: Ground: 2967 Kelly Bushing: 2977Total Depth: 4821 Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at: 385 FeetMultiple Stage Cementing Collar Used? Yes NoIf yes, show depth set: 3004 FeetIf Alternate II completion, cement circulated from: 3004feet depth to: 0 w/ 385 sx cmt.**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 5100 ppm Fluid volume: 1000 bblsDewatering 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: 05/18/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 05/18/2012