



KANSAS CORPORATION COMMISSION 1104760  
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: NA  
Designate Type of Completion:

API No. 15 - 15-171-20894-00-00  
Spot Description:  
N2 NE SE SE Sec. 18 Twp. 19 S. R. 31 East  West  
1200 Feet from  North /  South Line of Section  
330 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Scott  
Lease Name: Larry Dearden Well #: 16A-18-1931  
Field Name:  
Producing Formation: NA  
Elevation: Ground: 2974 Kelly Bushing: 2982  
Total Depth: 4776 Plug Back Total Depth:  
Amount of Surface Pipe Set and Cemented at: 377 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: Feet  
If Alternate II completion, cement circulated from: 377  
feet depth to: 0 w/ 240 sx cmt.

- 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 #:

09/20/2012	09/29/2012	09/30/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 10800 ppm Fluid volume: 1250 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: 12/13/2012  
 Confidential Release Date:  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NAOMI JAMES Date: 12/14/2012