



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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 #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ 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: _____ Date: _____



1069254

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

December 02, 2011

Greg Bratton
Running Foxes Petroleum Inc.
6855 S HAVANA ST, STE 400
CENTENNIAL, CO 80112

Re: ACO1
API 15-011-23790-00-00
Sager 11-24
SW/4 Sec.24-23S-22E
Bourbon County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Greg Bratton

FED ID# 48-1214033
 MC ID # 186290
 Shop # 820 437-2881
 Cellular # 620 437-7582
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3613A Y Road
 Madison, KS 66860

Hurricane Services, Inc.
 P.O. Box 782228
 Wichita, KS 67278-2228

Cement, Acid or Tools
 Service Ticket
 4675

DATE 8-23-11

COUNTY POWELL CITY _____

CHARGE TO Running Foxes

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Sage # 11-24 CONTRACTOR _____

KIND OF JOB Logging SEC. _____ TWP. _____ RNG. _____

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			750.00
89 sks	Quick SET cement		1468.50
356 lbs	KOI-SEAL 4" 1 1/2"		160.20
200 lbs	Gel > Flush Ahead		50.00
3 1/2 Hrs	water Transport		350.00
3 1/2 Hrs	water Truck		280.00
	BULK CHARGE		
5.17 Trk	BULK TRK. MILES		511.83
N/C	PUMP TRK. MILES		N/C
	Rental on wireline		50.00
1	PLUGS 4 1/2" Top Rubber		38.00
		7.9% SALES TAX	125.32
		TOTAL	3783.85

T.D. 842'

CSG. SET AT 830' VOLUME 13 Bbls

SIZE HOLE 6 3/4"

TBG SET AT _____ VOLUME _____

MAX. PRESS. _____

SIZE PIPE 4 1/2"

PLUG DEPTH _____

PKER DEPTH _____

PLUG USED _____

TIME FINISHED _____

REMARKS: Rig up to 4 1/2" casing, Break circulation with 15 Bbls water, 10 Bbl Gel Flush, circulate Gel around with fresh water to condition hole. Mixed 89 sks Quick SET cement w/ 4" KOI-SEAL. Shut down wash out pump shives - Release Plug - Displace Plug with 13 Bbls water. Final Pumping at 500 PSI Bumped Plug to 1000 PSI - Release Pressure - Float Held. Close casing in w/ 0 PSI. Good cement returns with 4 Bbls slurry.

EQUIPMENT USED

NAME Kelly Kimberlin UNIT NO. 201
Brad Butler
 HSI REP.

NAME Jerry #203, Rodger #105, Delbert #141-152
Chuck Hite
 OWNER'S REP.

SAGER

11-24

Bourbon Co., KS

Thickness of Strata	Formation	Total Depth	Remarks
0-4	SOIL		
4-24	LIME		
24-26	BL SHALE		
26-28	LIME		
28-34	SOY LIME		
34-45	LIME		
45-48	BL SHALE		
48-54	LIME		
54-63	BL SHALE & SHALE		
63-68	LIME		
68-86	SHALE		
86-97	LIME		
97-226	BIG SHALE		
226-227	LIME		
227-230	SHALE		
230-247	LIME		
247-317	SAND & SHALE		
317-318	BL SHALE		
318-336	LIME		
336-344	SHALE		
344-350	LIME		
350-352	BL SHALE		
352-383	SHALE		
393-409	20' LIME		
409-418	SHALE & BL SHALE		
418-422	5' LIME		

pg 1 of 2

SAGER 11-24
CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
40	10				
40	60				
40	10				
41	40				
39	90				
40	05				
40	10				
39	-				
40	75				
40	90				
39	75				
40	75				
40	15				
19	75				
41	45				
40	25				
40	10				
41	50				
39	65				
41	55				
41	45				
829	25				

4 1/2 from [redacted] Devon Yard