



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1070317
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1070317

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

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

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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 <i>(Specify)</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 14, 2011

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

Re: ACO1
API 15-011-23813-00-00
Wunderly 11-36A-4
SW/4 Sec.36-24S-23E
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 # 165280
 Shop # 620 437-2691
 Cellular # 620 437-7882
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3813A Y Road
 Madison, KS 66860

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

Cement, Acid or Tools
 Service Ticket
 4677

DATE 8-24-11

COUNTY BOUCO CITY _____

CHARGE TO Running Foxes

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Wonderly " 11-36A-4 CONTRACTOR _____

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

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			750.00
65 sks	Quick Set cement		1072.50
260 lbs	KOL-SEAL 4" P/SK		117.00
200 lbs	Gel > Flush Ahead		50.00
3 hrs	Water Transport		300.00
3 hrs	Water Truck		240.00
	BULK CHARGE		
3.8 Trk	BULK TRK. MILES		376.20
0	PUMP TRK. MILES		N/C
	Rental on wireline		50.00
1	PLUGS 4 1/2" Top Rubber		38.00
		7.3% SALES TAX	93.25
		TOTAL	3086.95

T.D. 575'
 SIZE HOLE 6 3/4"
 MAX. PRESS. _____
 PLUG DEPTH _____
 PLUG USED _____

CSG. SET AT 563' VOLUME 8 3/4 Bbls.
 TBG SET AT _____ VOLUME _____
 SIZE PIPE 4 1/2"
 PKER DEPTH _____
 TIME FINISHED _____

REMARKS: Rig up to 4 1/2" casing, Break circulation with 10 Bbls water, 10 Bbl. Gel Flush, circulate Gel around with fresh water to condition hole. Mixed 65 sks Quick Set cement w/ 4" Kol-SEAL. Shut down washout Pump lines - Release Plug - Displace Plug with 8 3/4 Bbls water. Final Pumping @ 400 PSI. Bumped Plug to 700 PSI. Release Pressure - Float Hold - Close casing w/ O.P.S.E. Good cement returns w/ 4 Bbl slurry

EQUIPMENT USED

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

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

PROGNOSIS: Wunderly 11-36A-4

OPERATOR: Running Foxes Petroleum

API#: 15-011-23813

Sec. 36 T24s R23e NE NE NE

2130'fsl & 2460'fwl

Elevation: 868'

Estimated TD: 562

4 1/2" casing: 555'

FORMATION/MEMBER	LITHOLOGY	DEPTH	PROG DEPTH	MSL (GL=868')
Bandera	Sandstone		18	850
Pawnee	Limestone		68	796
Labette (Anna)	Black Shale		92	772
Fort Scott	Limestone		140	724
Little Osage/Summit	Black Shale		158	706
Excello/Mulky	Black Shale		168	696
Squirrel	Sandstone		177	687
Bevier Coal	Coal		247	617
Ardmore	Limestone		274	590
V Shale	Black Shale		276	588
Mineral Coal	Coal		298	566
Scammon Coal	Coal		312	552
Chelsea	Sandstone		Absent	n/a
Tebo	Black Shale		337	527
Weir	Sandstone		Absent	n/a
Upper Bartlesville 1	Sandstone		380	484
Upper Bartlesville 2	Oil sand		417	447
Lower Bartlesville 1	Oil sand		429	435
Lower Bartlesville 2	Oil sand		441	423
Lower Bartlesville 3	Oil sand		460	404
Rowe Coal	Coal		466	398
Aw	Coal		482	382
Warner (McLouth)	Sandstone		Absent	n/a
Riverton	Coal		506	358
Mississippian	Limestone/Chert		516	348
Estimated Core intervals				
412-432; 432-452; 452-472				
Drilling Company: Mcgown Drilling, Chris Mcgown, cell 620-224-6406				
Wireline Logging: Tucker Wireline, Burt Gowdy, cell 405-514-0643				