



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1070327
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: _____

1070327

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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Rx Date/Time SEP-07-2011(WED) 07:15

P. 025

Sep 07 2011 8:13AM CST Oil and Gas 620-829-5306

page 25

SEP-06-2011(TUE) 13:48 HURRICANE

(FAX) 620 437 2881

P. 018/034

FED ID# 48-1214033
MO ID # 165290
Shop # 920 437-2681
Cellular # 620 437-7592
Office # 316 885-6008
Office Fax # 316-885-5928
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
4702

DATE 8-31-11

COUNTY BOYD CITY _____

CHARGE TO Running Foxes

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Woodsley # 11-340-4 CONTRACTOR _____

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

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			750.00
68 sks	Quick Set cement		1122.00
272 lbs	KOL-SEAL 4" ^{2 1/2} SK		122.40
200 lbs.	Gel - Flush Ahead		50.00
3 Hrs	Water Truck		240.00
	BULK CHARGE		
3.77 Trk	BULK TRK. MILES		323.03
0	PUMP TRK. MILES		n/c
	Rental on wireline		50.00
1	PLUGS 4 1/2" Top Rubber		38.00
		7.32 SALES TAX	97.27
		TOTAL	2862.70

T.D. 572'

CSG. SET AT 566' VOLUME 8.9 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 10 Bbls water, 10 Bbl Gel Flush, circulate Gel around to condition Hole. Mixed 68 sks Quick Set cement w/ 4" KOL-SEAL. Shut down wash out Pump lines, Release Plug > Displace Plug with 8 3/4 Bbls water. Final Pumping @ 400 PSI Pumped Plug To 900 PSI > Release Pressure - Float Held - close casing w/ ORST
Good cement returns with 5 Bbls slurry

EQUIPMENT USED

NAME Kelly Kimberlin UNIT NO. 201
Braed Butler

NAME Jerry #203, Delbert #105 UNIT NO. _____
Phenix

PROGNOSIS: Wunderly 11-36D-4

OPERATOR: Running Foxes Petroleum

API#: 15-011-23824

Sec. 36 T24s R23e SE NE NE

1470'fsl & 2460'fwl

Elevation: 868'

Estimated TD: 562

4 1/2" casing: 555'

FORMATION/MEMBER	LITHOLOGY	DEPTH	PROG DEPTH	MSL (GL=868')
Bandera	Sandstone	17'	15	853
Pawnee	Limestone	70'	66	798
Labette (Anna)	Black Shale	95'	92	772
Fort Scott	Limestone	145'	140	724
Little Osage/Summit	Black Shale	160'	156	708
Excello/Mulky	Black Shale	170'	166	698
Squirrel	Sandstone	180'	175	689
Bevier Coal	Coal	246'	242	622
Ardmore	Limestone	274'	270	594
V Shale	Black Shale	278'	272	592
Mineral Coal	Coal	295'	292	572
Scammon Coal	Coal	311'	306	558
Chelsea	Sandstone	—	Absent	n/a
Tebo	Black Shale	328'	333	531
Weir	Sandstone	249' —	Absent	n/a
Upper Bartlesville 1	Sandstone	332'	376	488
Upper Bartlesville 2	Oil sand	—	Absent	n/a
Lower Bartlesville 1	Oil sand	433'	425	439
Lower Bartlesville 2	Oil sand	444'	437	427
Lower Bartlesville 3	Oil sand	458'	456	408
Rowe Coal	Coal		464	400
Aw	Coal		476	388
Warner (McLouth)	Sandstone		Absent	n/a
Riverton	Coal		502	362
Mississippian	Limestone/Ch		512	352
Estimated Core intervals				
420-440; 440-460				
Drilling Company: Mcgown Drilling, Chris Mcgown, cell 620-224-6406				
Wireline Logging: Tucker Wireline, Burt Gowdy, cell 405-514-0643				

TD = 572'

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 15, 2011

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

Re: ACO1
API 15-011-23824-00-00
Wunderly 11-36D-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