



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1070669
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: _____

1070669

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: 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

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> _____ <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 22, 2011

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

Re: ACO1
API 15-107-24439-00-00
Snow 11-5D-3
SW/4 Sec.05-22S-25E
Linn 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

SNOW 11-5D-3

Thickness of Strata	Formation	Total Depth	Remarks
0-2	SOIL		
2-47	SHALE		Run 615' 4 1/2 9-2-11
47-53	LIME		
53-110	SHALE		
110-123	LIME		
123-134	SHALE		
134-142	LIME		
142-179	BL SHALE + SHALE		OIL SHOW 110-115
179-194	LIME		OIL SHOW 230-235
194- 314	SHALE		
314-316	LIME		
321-322	COAL	316-321-SHALE	
322-408	SHALE		
408-415	SAND		
415-475	SHALE		
475-526	SAND - GREY, BLACK LAMINATED		
526-528	COAL		
528-569	SHALE		
569-571	COAL		
571-579	SHALE		
579-981	MISS LIME		
981-1011	SHALE		
1011-1182	PRODUCTIVE LIME		

TO 1182

Spud 8-29-11

FED ID# 46-1214033
 MC ID # 185280
 Shop # 620 437-2861
 Cellular # 620 437-7882
 Office # 316 685-6908
 Office Fax # 316-685-5928
 Shop Address: 3813A Y Road
 Madelon, KS 66860

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

Cement, Acid or Tools
 Service Ticket
 4706

DATE 9-2-11

COUNTY Linn CITY _____

CHARGE TO Running Foxes

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Snow # 11-50-3 CONTRACTOR McGraw Drilling

KIND OF JOB Longstring SEC. 5 TWP. 22 RNG. 23

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			750.00
94 sks	QuickSet cement	1551.00	
376 lbs	KOI-SEAL 4" P/SK	169.20	
300 lbs	Gel Flush Ahead	75.00	
5 1/2 Hrs	Water Truck	440.00	
	BULK CHARGE		
5.5 Tols	BULK TRK. MILES	665.50	
	PUMP TRK. MILES	N/C	
	Rental on wireline	50.00	
1	PLUGS 4 1/2" Top Rubber	38.00	
		7.32 SALES TAX	133.82
		TOTAL	3872.52

T.D. _____
 SIZE HOLE 6 3/4"
 MAX. PRESS. _____
 PLUG DEPTH _____
 PLUG USED _____

CSG. SET AT 600' VOLUME 9 1/2 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 13 Bbls water. Pump 1.5 Bbl Gel Flush. Jallased with 1.5 Bbls water spacer. Mixed sks Quickset cement w/ 4" KOI-SEAL. Shut down - wash out pump lines - Release Plug - Displace Plug with 9 1/2 Bbls water. Final Pumping at 400 PSI - Pumped Plug to 800 PSI - Release Pressure - Float Held. Close casing w/ w/ 400 PSI - Cement returns to surface / cement fell back - mix cement fill from top side.

EQUIPMENT USED

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

NAME Jerry #202, Delbert #105 UNIT NO. _____
Chen B. Hilde

FED ID# 48-1214033
MO ID # 169280
Shop # 620 437-2661
Cellular # 620 437-7582
Office # 318 685-8808
Office Fax # 316-685-5920
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
4705

DATE 9-2-11

COUNTY Linn CITY _____

CHARGE TO Running Fracks

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Snow # 11-50-3 CONTRACTOR McGraw Drilling

KIND OF JOB Plug Back SEC. 5 TWP. 22 RNG. 25

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			650.00
70 SKS	Quick Set cement		1155.00
280 lbs	KOL-SEAL 4" P ¹ / ₂ " SK		126.00
4 Hrs	Water Truck		320.00
	BULK CHARGE		
399 Twp	BULK TRK. MILES		482.79
110	PUMP TRK. MILES		330.00
	miles + no Trk * 290		165.00
	PLUGS		
		7.3% SALES TAX	93.51
		TOTAL	3,322.30

T.D. 1182' CSG. SET AT _____ VOLUME _____
 SIZE HOLE 6 3/4" TBG SET AT _____ VOLUME _____
 MAX. PRESS. _____ SIZE PIPE _____
 PLUG DEPTH _____ PKER DEPTH _____
 PLUG USED _____ TIME FINISHED _____

REMARKS: Rig up to 2 3/8" Tubing at 1150', Pumped 10 Bbls water ahead with circulation. Mixed 70 SKS Quick Set cement w/ 4" Kol-SEAL. Spot cement at bottom for a solid cement. Plug up to 700'. Pull Tubing up to 660'. Rig up to Tubing, pumped 10 Bbls ahead followed with 35 Bbls fresh water. Hole washed clean from 660' to Surface. Pull Tubing out of hole.

EQUIPMENT USED

NAME	UNIT NO.	NAME	UNIT NO.
<u>Kelly Kimberlin</u>	<u># 201</u>	<u>Jerry # 202</u>	<u>Delbert # 105</u>
<u>Brad Butler</u>		<u>Chuck Holt</u>	