



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1073044
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 |
|-----------------------------------|-----------------|---|

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: _____

1073044

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 <i>(Attach Additional Sheets)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name | Top | Datum |
| 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: | | | | |

| 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL: _____ _____ |
|--|---|---|

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

January 31, 2012

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

Re: ACO1
API 15-107-24542-00-00
Lin-Lea 9-12
SE/4 Sec.12-23S-23E
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

FED ID# 48-1214033
 MC ID # 165290
 Shop # 620 437-2661
 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
 4808

DATE 10-18-11

COUNTY BOLCO CITY _____

CHARGE TO Running Foxes

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Lin-Lea #9-12 CONTRACTOR _____

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

DIR. TO LOC. _____ OLD NEW

| Quantity | MATERIAL USED | Serv. Charge | |
|----------|----------------------------------|----------------|---------|
| | | | 750.00 |
| 67 sks | Quick Set cement | | 1105.50 |
| 268 lbs | KOI-SEAL 4" P/SK | | 120.60 |
| 200 lbs | Gel - Flush Ahead | | 50.00 |
| 4 Hrs | water Truck | | 320.00 |
| | BULK CHARGE | | |
| 3.94 Ton | BULK TRK. MILES | | 390.06 |
| 2 | PUMP TRK. MILES Trk. on location | | 11/c |
| | Rental on wireline | | 50.00 |
| 1 | PLUGS 4 1/2" Top Rubber | | 38.00 |
| | | 7.3% SALES TAX | 95.93 |
| | | TOTAL | 2920.09 |

T.D. 582'

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 fresh water, 10 Bbl. Gel Flush, circulate Gel around to condition hole. Mixed 67 sks. Quick Set cement w/ 4" KOI-SEAL. Shut down - wash out Pump & Lines Release Plug - Displace Plug with 8 3/4 Bbls water, Final Pumping @ 400 PSI - Bumped Plug to 900 PSI Release Pressure - Float Held - close casing in w/ 0 PSI
Good cement returns with 4 Bbls slurry

EQUIPMENT USED

| NAME | UNIT NO. | NAME | UNIT NO. |
|------------------------|------------|-------------------------------|----------|
| <u>Kelly Kimberlin</u> | <u>201</u> | <u>Jerry #202, James #105</u> | |

Prognosis: Lin Lea 9-12
 Operator: Running Foxes Petroleum
 Sec.12 T23S R23E
 1980' FSL & 660' FEL
 Elevation: 915' est. corrected to:899'

| Formation/Member | Lithology | Depth | Prognosis |
|--------------------|-------------|-----------------|---------------------|
| | | | 105 |
| Mulberry | Coal | | 110 |
| Pawnee | Limestone | | 154 |
| Labette | Black Shale | 107' | 188 |
| Fort Scott | Limestone | 150' | 205 |
| Little Osage | Black Shale | 168' | 215 |
| Excello | Black Shale | 180' | 217 |
| Mulky | Coal | 180' | absent |
| Squirrel | Sandstone | 183' | 299 |
| Bevier | Coal | 200' | 319 |
| Ardmore | Limestone | 240' | 10u 322 |
| v Shale | Black Shale | 284' | 300' 326 |
| Croweburg | Coal | 288' | 188u 348 |
| Mineral | Coal | 318' | 185u 360 |
| Scammon | Coal | 330' | 169 |
| Scammon B | Coal | | absent |
| Tebo | Coal | 340' | 259u 380 |
| Weir | Sandstone | 376' | 295u 398 |
| Weir Pitt | Coal | 404' | 215 408 |
| Upper Bartlesville | Sandstone | 446' | 503u 461 |
| Lower Bartlesville | Sandstone | 471' | 489 |
| Drywood | Coal | | absent |
| Rowe | Coal | 489' | 512u 526 |
| Warner (McLouth) | Sandstone | | absent |
| Aw | Coal | | absent |
| Riverton | Coal | 512' | 555 |
| Mississippian | Limestone | 517' | 574 |

260' 132u

TG of 1995u

| Cores: | Formation Cored | note: formations below bartlesville are es |
|--------|------------------------------------|--|
| #1 | 150'-170' Excello/Mulky | Depths may vary. |
| #2? | 430'-450' Upper/Lower Bartlesville | |
| #3? | 450'-470' Lower Bartlesville | |
| #4? | 470'-490' Lower Bartlesville | |
| #5 | 490'-510' Riverton | |

Drilling Company: McGown Drilling; Chris McGown, cell:620-224-6406
 Wireline Logging: Tucker Wireline, Burt Gowdy, cell:405-514-0643