



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1073587  
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: \_\_\_\_\_

1073587

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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

February 10, 2012

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

Re: ACO1  
API 15-011-23775-00-00  
Payne 10-33B-4  
SE/4 Sec.33-23S-25E  
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

Cement, Acid or Tools  
Service Ticket

4838

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

FED ID#  
MC ID#  
Shop #  
Cellular #  
Office #  
Office Fax #  
Shop Address:  
48-1214033  
165290  
620 437-2661  
620 437-7582  
316 685-5908  
316-685-5926  
3613A Y Road  
Madison, KS 66860

DATE 10-25-11

COUNTY Bouco CITY \_\_\_\_\_

CHARGE TO Running Foxes CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CONTRACTOR \_\_\_\_\_

LEASE & WELL NO. Payne # 10-33B-4 SEC. \_\_\_\_\_ TWP. \_\_\_\_\_ RNG. \_\_\_\_\_ OLD  NEW

KIND OF JOB Longstrings

DIR. TO LOC. \_\_\_\_\_

Quantity	MATERIAL USED	Serv. Charge
73 sks	QuickSet cement	750.00
292 lbs	KOL-SEAL 4" 100/gk	1,204.50
		131.40
200 lbs	Gel > Flush Ahead	50.00
4 Hrs	Water Truck	320.00
	Mileage Trk #280	30.00
	BULK CHARGE	
4.26 Ton	BULK TRK. MILES	515.46
20	PUMP TRK. MILES <u>2nd Job</u>	60.00
	Rental on wireline	50.00
1	PLUGS <u>2 7/8" Top Rubber</u>	23.00
	7.3% SALES TAX	102.85
	TOTAL	3237.21

T.D. 425"  
SIZE HOLE 6 3/4"  
MAX. PRESS. \_\_\_\_\_  
PLUG DEPTH \_\_\_\_\_  
PLUG USED \_\_\_\_\_

CSG. SET AT \_\_\_\_\_ VOLUME \_\_\_\_\_  
TBG SET AT 406" VOLUME 2 1/4 Bbls.  
SIZE PIPE 2 7/8"  
PKER DEPTH \_\_\_\_\_  
TIME FINISHED \_\_\_\_\_

REMARKS: Rig up to 2 7/8" Tubing, Break circulation & recirculate in well with 20 Bbls water, 10 Bbl. Gel Flush, Circulate Gel around To condition Hole. Mixed 73 sks QuickSet cement w/ 4" KOL-SEAL. Shut down & wash out Pump & Lines - Release Plug - Displace Plug with 2 1/4 Bbls water. Final Pumping at 300 RSE Bumped Plug to 1000 RSE - close Tubing w/ 1000 RSE. - Good cement returns with 2 Bbl. Slurry

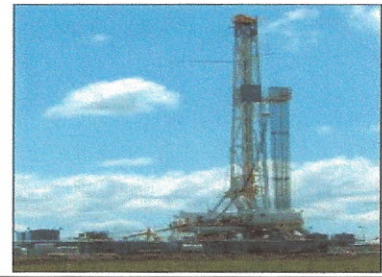
EQUIPMENT USED

NAME	UNIT NO.	NAME	UNIT NO.
<u>Kelly Kimberlin</u>	<u>201</u>	<u>Jerry #202, Mark #105</u>	
<u>Brad Butler</u>			
HSI REP.		OWNER'S REP.	





# CST Drilling



Date: 10/26/2011

Operator: Running Foxes

Lease: Payne

Well: 10-33B-4

Bit Size: 6 3/4

Surface Size: 8 5/8

Spud Date: 10/13/11

Date Completed: 10/19/11

Type of Rig: Air Mud

	<u>Qty.</u>	<u>Rate</u>	<u>Total</u>
Footage:	425	10.50	4462.50
Rig Time:	2.5	450.00	1125.00
Set Surface:	20 Feet	-----	100.00
Core Time:			
Misc:	4 sacks Portland Cement	16.00	64.00
<b>Total:</b>			<b>\$ 5751.50</b>