



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1082383
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: _____

1082383

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: _____ _____
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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

May 24, 2012

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

Re: ACO1
API 15-011-23942-00-00
Chi-Chi 1-1 SWD
NE/4 Sec.01-25S-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



CHI CHI
1-15WD

CEMENTING LOG

STAGE NO.

Date 4-20-12 District M. L. Ticket No. 54069
 Company Running Fox Rig _____
 Lease _____ Well No. _____
 County _____ State KS.
 Location Wagon Ks 20mi E to Rd 155, 3 Field _____
01, N/E

CASING DATA: PTA Squeeze
 Surface Intermediate Production Liner
 Size 5 1/2 Type _____ Weight 144 Collar _____

Casing Depths: Top KD Bottom _____

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 7 7/8 T.D. _____ ft. P.B. to _____ ft.

CAPACITY FACTORS:
 Casing: Bbbls/Lin. ft. 0.2411 Lin. ft./Bbl. 40.97
 Open Holes: Bbbls/Lin. ft. 0.239 Lin. ft./Bbl. 32.41
 Drill Pipe: Bbbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

CEMENT DATA:
 Spacer Type: 500gal ASF 10 Bbls H₂O Fin
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG _____

LEAD: Pump Time _____ hrs. Type 65:35:68gal
39min + 1/4 56 gal Excess _____
 Amt. 150 Skys Yield 1.98 ft³/sk Density 12.8 PPG
 TAIL: Pump Time _____ hrs. Type 42:10:45gal
5# Xol Seal + 3% 11-160 Excess _____
 Amt. 200 Skys Yield 7.58 ft³/sk Density 14.5 PPG
 WATER: Lead 10.9 gals/sk Tail 7.23 gals/sk Total _____ Bbbls.

Pump Trucks Used 471-302
 Bulk Equip. 421

Floater Equip: Manufacturer _____
 Shoe: Type _____ Depth _____
 Floater: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top Fuller Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type Fresh H₂O Amt. _____ Bbbls. Weight 8.34 PPG
 Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE _____ CEMENTER Ron Gilley

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS	
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period		RATE Bbbls Min.
5:00		100		12 Bbls	3 min	4	pump ASF Flush
5:15		100		10 Bbls	2 1/2 min	4	H ₂ O Flush
5:30		200		108.9	19 3/4 min	5 1/2	Mix All Cement
							Stop Wash pump 4 times
							Release Plug
5:45		700		45 1/4 Bbls		5 1/2	Start Discharge
							Bump Plug 500# over
							Float did hold

FINAL DISP. PRESS: 700 PSI BUMP PLUG TO 1200 PSI BLEEDBACK held BBLs. THANK YOU

CHI CHI
1-1 SWD

ALLIED OIL & GAS SERVICES, LLC 054069

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge

DATE <u>4-30-12</u> <u>CHI CHI</u>	SEC. <u>1</u>	TWP. <u>25S</u>	RANGE <u>23E</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>CHI CHI</u>	WELL # <u>H/SUB</u>	LOCATION <u>Moran Co, E 20mi, W155, 3N, W15</u>			COUNTY <u>Moran</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR _____

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D. 1903

CASING SIZE 5 1/2 DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER Ranning Fox

CEMENT

AMOUNT ORDERED 150S x 65: 35! 6 + 3% AC +
1/4 # 4 to seal
200S x 65: 15 # 4 to seal + 3% AC + 1-160

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

2 1/2 ASF @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Boon

471-307 HELPER Jason T

BULK TRUCK

421 DRIVER Garrett, Joe

BULK TRUCK

_____ DRIVER _____

REMARKS:

TOTAL _____

PART 1

See Cement Logs

CHARGE TO: Running Fox
STREET _____
CITY _____ STATE _____ ZIP _____

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Shawn Gentry
SIGNATURE [Signature]

SERVICE

DEPTH OF JOB _____
PUMP TRUCK CHARGE _____
EXTRA FOOTAGE _____ @ _____
MILEAGE _____ @ _____
MANIFOLD _____ @ _____
Light Vets. @ _____
@ _____

TOTAL _____

5/2 **PLUG & FLOAT EQUIPMENT**

1 - Rubber Plug @ _____
@ _____
@ _____
@ _____
@ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

GENERAL TERMS AND CONDITIONS

PART 2

HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE # 33734

Chi-Chi #1-1SWD
 API # 15-011-23942-00-00
 SPUD DATE 4-12-12

Footage	Formation	Thickness	Set 20' of 8 5/8' TD 1903'
2	Topsoil	2	
4	clay	2	Ran 1852.7' of 5 1/2
8	sand stone	4	
10	shale	2	
60	sand stone	50	
75	lime	15	
79	shale	4	
82	lime	3	
132	shale	50	
147	lime	15	
270	shale	123	
272	lime	2	
425	shale	153	
431	sand	6	real good bleed
437	shale	6	
453	sand	16	good bleed
502	shale	49	
800	lime	298	Miss.
896	shale	96	Northview
906	shale	10	Chattanooga
1723	lime	817	Arbuckle
1744	sand stone	21	Reagan
1903	granite	159	