Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1083164

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 #	API No. 15				
Name:	Spot Description:				
Address 1:					
Address 2:	Feet from Dorth / South Line of Sectio				
City: State: Zip:+	Feet from East / West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()					
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxx) (e.gxxx.xxxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name:				
	Producing Formation:				
	Elevation: Ground: Kelly Bushing:				
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:				
OG GSW Temp. Abd. CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?				
If Workover/Re-entry: Old Well Info as follows:	If ves, show depth set: Feet				
Operator:	If Alternate II completion, cement circulated from:				
Well Name:	feet depth to:w/sx cmt.				
Original Comp. Date: Original Total Depth:					
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Duilling Fluid Management Dian				
Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
	Chloride content: ppm Fluid volume: bbls				
Commingled Permit #:	Dewatering method used:				
Dual Completion Permit #:					
SWD Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:	Operator Name:				
GSW Permit #:	Lease Name: License #:				
	Quarter Sec TwpS. R				
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date Recompletion Date					
Recompletion Date Recompletion Date	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:

	Page Two	1083164
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS, Chow important tang of formations papatrated	Dotail all coros Roport al	final conject of drill stome tasts giving interval tasted, time tool

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 (Attach Additional Sh	eets)	Yes No		C C	on (Top), Depth ar		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	Name Top			Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
		Report all strings set-o	conductor, surface, inte	ermediate, producti	on, 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 / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	Percent Additives	

Perforate	Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

No

No

No

(Submit ACO-4)

(If No, skip questions 2 and 3)

(If No, fill out Page Three of the ACO-1)

(If No, skip question 3)

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

(If vented, Submit ACO-18.)

Shots Per Foot		PERFORATION Specify For	RECOR tage of E	D - Bridge P Each Interval F	lugs Set/Typ Perforated)e			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner F		No	
Date of First, Resumed	l Producti	ion, SWD or ENHF	l.	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	S.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
		1								
DISPOSITI	ON OF G	AS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Solo	J ⊡ t	Jsed on Lease		Open Hole	Perf.	Dually		Commingled		

Other (Specify)

(Submit ACO-5)

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

June 04, 2012

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

Re: ACO1 API 15-011-23828-00-00 Wunderly 11-36A INJ3 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.

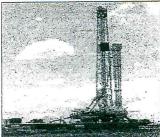
Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully, Greg Bratton

1000 155+b 5+-E	ort Scott Ka	CST Oil & G			: 1-620-829-530	7
1690 155th St. Fo	SFL SCOLL, KS	Cement &	0		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
			illing Contra	ctor A and	an Tak D	+0 4-26-
(ind of Job Cem	ent	4 /1- 364 Inj3 Di Sec. 36		Twp. 245	Rng. 2	3 <u>E</u>
Quantity	Materials Us	dCement				
<u>/.)sks</u>	T Driw	O LEM FAT				
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Vell T.D. <u>50</u>	0		Csg. Set At	491	00Volume	e
ize Hole			Tbg Set AT	r	Volum	e
Max. Press			Size Pipe	278	;	
Plug Depth			Pker Deptl	h		
Plug Used			Time Start	ed _		
			Time Finis	hed -	<u> </u>	
Remarks: <u>Cer</u>	nented 2	18 long string				
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14/24 J. P.						
Witnessed B	•	Nama Dud	-	Namo	Con Ill'	40
Name <u>Chu</u>	ch Hutton	Name <u><i>Bill</i> 1</u>	hompson		creg whi	10



CST Oil & Gas



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Operator:	RE	Well: Wanderly	1-36 A. 4	my 3
Spud Date:	4-11-12 Completion Date		Surface Size	5. 8 5/
Depth	Formation	Remarks	Casing	g Tally
	Sout relax		0	9
	Sandotte	in fothele	9.	64
	Lyne	faure	90	135
	fine .	ft Scott	135	1.52
	Shale	fr	152	160
	that Black	5 1 sh white un why	160	169
	Spale & Sendy Spale	w que prog	169	26%
	Line	andmore	261	268
	all Land Lam shale	Poor shear	394	398
	-Shale &		398	421
	Sand Black		121	431
	While & Tam Sand Har	No show a soon	431	436
	Oll Sand	Bood Blacking and year	436	448
	Jlack Sund	Lille May han that	456	500
			32.75	32.7
	238 Float Shoe 2-278 Centralizers		32.75	32,75
0.	TubingClamp	A 500	32.75	32.75
		· · · · · · · · · · · · · · · · · · ·	32.75	32.75
			32.75	32:79
		1 1 2 0	1	32:79
	Ran 491	of 218 810	d	491.00
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