

1088866

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)*

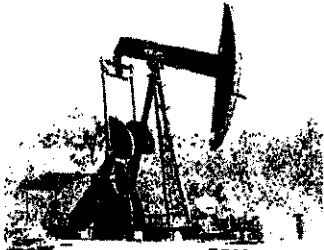
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

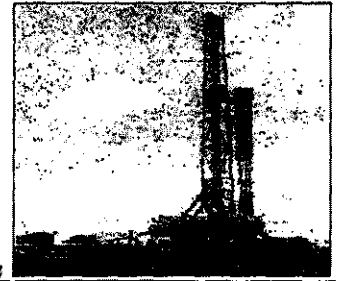
Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

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



Operator: *A F* Well: *Wendover 14-36 B. in 2*

Spud Date: *5-16-12* Completion Date: *5-17-12* Bit Size: *6 1/8* Surface Size: *8 5/8*

Depth	Formation	Remarks	Casing Tally	
	<i>Soil & clay</i>		<i>0</i>	<i>19</i>
	<i>Sandstone & shale</i>	<i>open hole</i>	<i>14</i>	<i>75</i>
	<i>Shale</i>		<i>35</i>	<i>105</i>
	<i>Shale</i>		<i>105</i>	<i>153</i>
	<i>Shale</i>	<i>ft. Scott</i>	<i>153</i>	<i>175</i>
	<i>Shale</i>		<i>175</i>	<i>178</i>
	<i>Shale</i>	<i>5'</i>	<i>178</i>	<i>182</i>
	<i>Shale w/ hard shale</i>		<i>182</i>	<i>280</i>
	<i>Shale</i>	<i>ardmore</i>	<i>280</i>	<i>281</i>
	<i>Shale</i>		<i>281</i>	<i>412</i>
	<i>oil sand</i>		<i>412</i>	<i>417</i>
	<i>Shale</i>		<i>417</i>	<i>450</i>
	<i>oil sand</i>		<i>450</i>	<i>455</i>
	<i>Shale</i>		<i>455</i>	<i>460</i>
	<i>oil sand</i>		<i>460</i>	<i>470</i>
	<i>Shale</i>		<i>470</i>	<i>528</i>
			<i>32.60</i>	<i>32.70</i>
	<i>TD 528'</i>		<i>32.50</i>	<i>32.65</i>
			<i>32.55</i>	<i>32.60</i>
			<i>32.50</i>	<i>32.50</i>
	<i>Ran 521' of 2 1/8-8 rd</i>		<i>32.60</i>	<i>32.65</i>
			<i>32.65</i>	<i>32.70</i>
	<i>2 3/8 Float Shoe</i>		<i>32.65</i>	<i>32.70</i>
	<i>2-2 3/8 Centralizers</i>		<i>32.65</i>	<i>32.65</i>
	<i>Tubing Clamp</i>			
				<i>521.85</i>
				<i>2 1/8 Pipe</i>

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
Thomas E. Wright, Commissioner

Sam Brownback, Governor

July 27, 2012

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

Re: ACO1
API 15-011-23986-00-00
Wunderly 14-36B INJ2
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