

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1154938

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

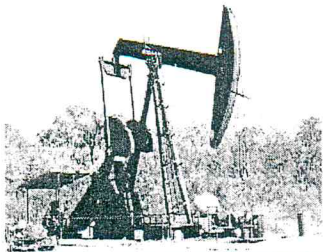
☐ Geologist Report Received

☐ UIC Distribution

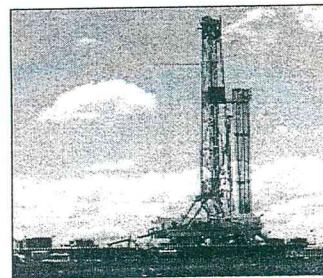
ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

Office: 1-620-829-5307

Name Jesse Smith Name Robert Hixon Name Dustin Leavell



CST Oil & Gas



Operator: *KF* Well: *Holman 1-22A-1*
 Spud Date: *4-22-13* Completion Date: *4-25-13* Bit Size: *6 3/4* Surface Size: *8 5/8*

Depth	Formation	Remarks	Casing Tally	
			0	6
<i>27.30</i>	<i>Soil + clay</i>		6	6.3
<i>28.50</i>	<i>LIME</i>		63	73
<i>29.00</i>	<i>SHALE</i>		73	706
<i>28.50</i>	<i>LIME</i>		106	110
<i>28.10</i>	<i>SHALE</i>		110	115
<i>25.80</i>	<i>LIME</i>		115	117
<i>28.50</i>	<i>SHALE</i>		117	128
<i>28.90</i>	<i>LIME</i>		128	297
<i>28.50</i>	<i>SHALE</i>		297	300
<i>28.90</i>	<i>LIME</i>		300	305
<i>26.10</i>	<i>SHALE</i>		305	310
<i>26.80</i>	<i>LIME</i>		310	385
<i>26.20</i>	<i>SHALE</i>		385	412
<i>29.00</i>	<i>LIME</i>		412	456
<i>27.50</i>	<i>SHALE</i>	<i>for scott</i>	456	474
<i>26.80</i>	<i>LIME</i>		474	479
<i>28.60</i>	<i>SHALE</i>	<i>5'</i>	479	484
<i>26.70</i>	<i>LIME</i>		484	551
<i>28.70</i>	<i>SHALE</i>	<i>ardmore</i>	551	552
<i>25.90</i>	<i>LIME</i>		552	672
<i>26.80</i>	<i>SHALE</i>	<i>older a show</i>	672	692
<i>27.90</i>	<i>LIME</i>		692	828
<i>28.70</i>	<i>SHALE</i>	<i>miss</i>	828	878
<i>31.80</i>				
<i>31.00</i>				
<i>31.75</i>				
<i>730.7</i>		<i>TD 878</i>		
<i>2 3/8 Pipe</i>				
	<i>2 3/8 Float Shoe</i>			
	<i>2-2 3/8 Centralizers</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
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

August 12, 2013

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

Re: ACO1
API 15-001-30603-00-00
Holeman 1-22A-1
NE/4 Sec.22-24S-21E
Allen 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