



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1167815  
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: \_\_\_\_\_



1167815

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](mailto: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:  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

<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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**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

Running Foxes Petroleum

**3-1S-15E Brown**

6855 S Havana Ste 400  
Centennial, CO 80112

**Gruber 3-3C**

ATTN: Chad Counts

Job Ticket: 52384

**DST#: 1**

Test Start: 2013.08.07 @ 22:23:23

## GENERAL INFORMATION:

Formation: **Hunton**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 00:48:53

Time Test Ended: 06:53:53

Test Type: Conventional Bottom Hole (Initial)

Tester: Leal Cason

Unit No: 45

**Interval: 2587.00 ft (KB) To 2599.00 ft (KB) (TVD)**

Reference Elevations: 1076.00 ft (KB)

Total Depth: 2599.00 ft (KB) (TVD)

1067.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 9.00 ft

**Serial #: 6798 Inside**

Press @ Run Depth: 335.55 psig @ 2588.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2013.08.07

End Date:

2013.08.08

Last Calib.:

2013.08.08

Start Time: 22:23:24

End Time:

06:53:53

Time On Btm:

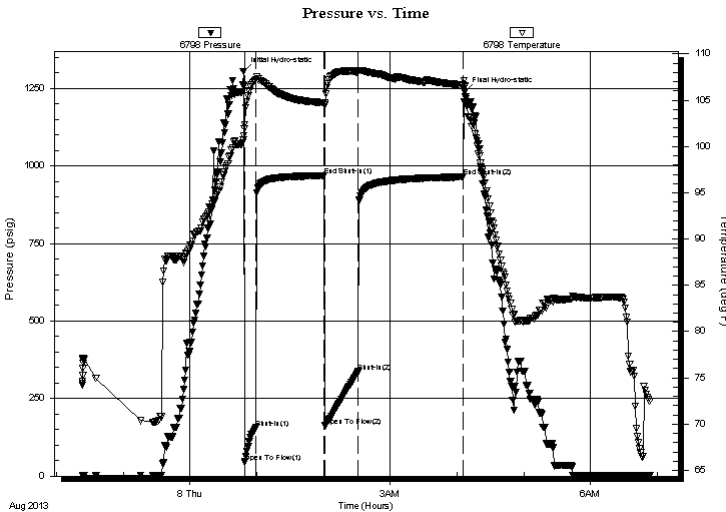
2013.08.08 @ 00:47:53

Time Off Btm:

2013.08.08 @ 04:06:53

**TEST COMMENT:** IF: Strong Blow , BOB in 4 minutes  
IS: No Blow Back  
FF: Strong Blow , BOB in 5 minutes  
FS: No Blow Back

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1305.21	100.73	Initial Hydro-static
1	44.14	101.96	Open To Flow (1)
11	153.36	107.21	Shut-In(1)
73	968.67	104.72	End Shut-In(1)
73	161.98	104.47	Open To Flow (2)
103	335.55	108.05	Shut-In(2)
198	964.66	106.66	End Shut-In(2)
199	1239.41	106.60	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
240.00	Water	1.18
62.00	WOCM 5%W 10%O 85%M	0.87
558.00	Oil	7.83

## Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Running Foxes Petroleum

**3-1S-15E Brown**

6855 S Havana Ste 400  
Centennial, CO 80112

**Gruber 3-3C**

Job Ticket: 52384

**DST#: 1**

ATTN: Chad Counts

Test Start: 2013.08.07 @ 22:23:23

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

28.6 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

5600 ppm

Viscosity: 45.00 sec/qt

Cushion Volume:

bbbl

Water Loss: in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: ppm

Filter Cake: 0.02 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
240.00	Water	1.180
62.00	WOCM 5%W 10%O 85%M	0.870
558.00	Oil	7.827

Total Length: 860.00 ft      Total Volume: 9.877 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Gravity Was 30.8 @ 82 degrees  
RW was 1.25 @ 61 degrees

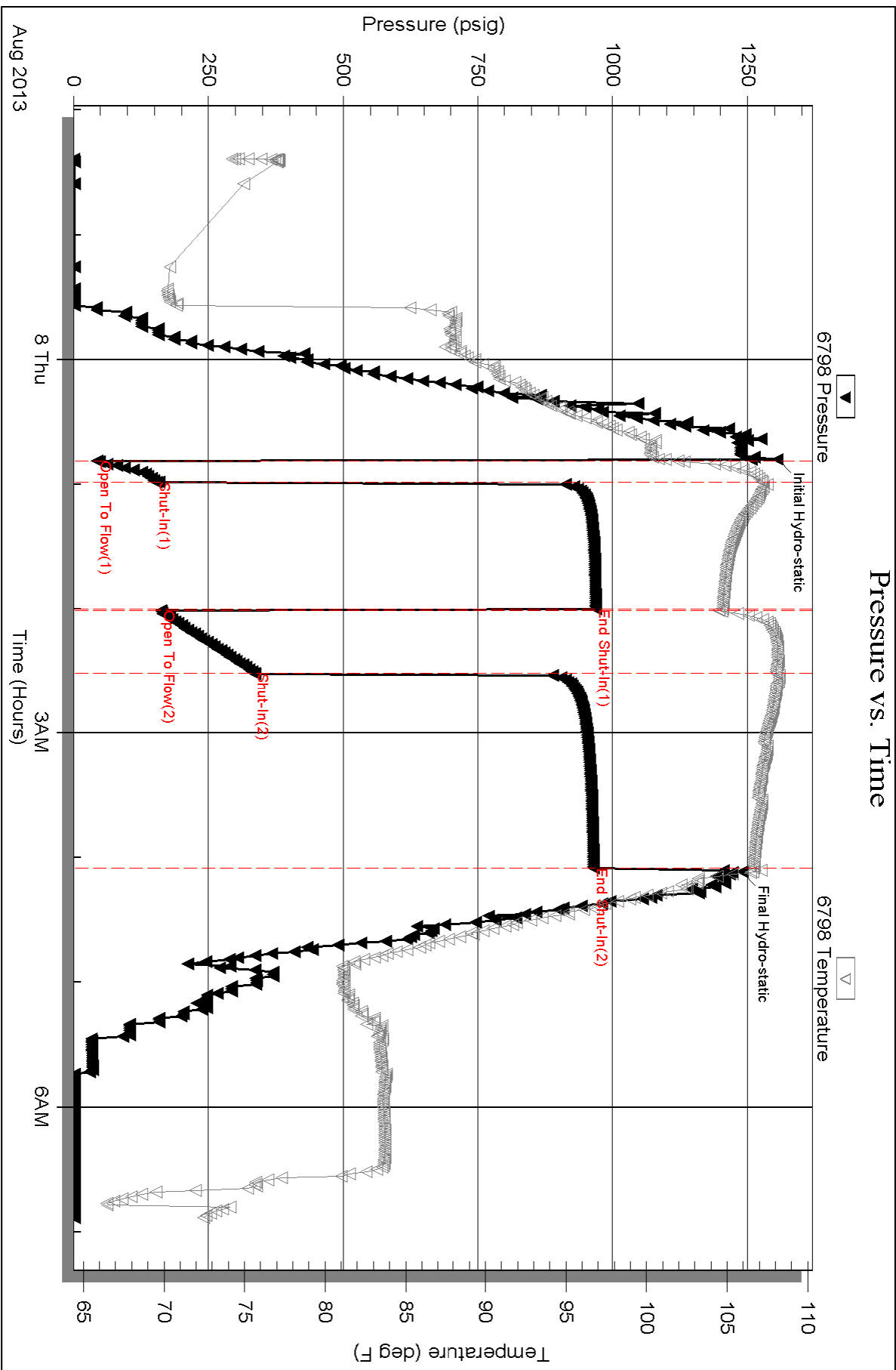
Serial #: 6798

Inside

Running Foxes Petroleum

Gruber 3-3C

DST Test Number: 1



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

November 14, 2013

Chad Counts  
Running Foxes Petroleum Inc.  
6855 S HAVANA ST, STE 400  
CENTENNIAL, CO 80112

Re: ACO1  
API 15-013-20036-00-00  
Gruber 3-3C  
NW/4 Sec.03-01S-15E  
Brown 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,  
Chad Counts



PO Box 93999  
Southlake, TX 76092

Voice: (817) 546-7282  
Fax: (817) 245-3361

REC'D AUG 19 2013

# INVOICE

Invoice Number: 137842  
Invoice Date: Aug 10, 2013  
Page: 1

**Bill To:**  
Running Foxes Petroleum, Inc.  
6855 S. Havana Street, Suite 4  
Centennial, CO 80112

Now Includes:



Customer ID	Field Ticket #	Payment Terms	
Run	54764	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-02	Russell	Aug 10, 2013	9/8/13

Quantity	Item	Description	Unit Price	Amount
		Gruber #3-30		
125.00	CEMENT MATERIALS	ASC	20.90	2,612.50
500.00	CEMENT MATERIALS	Gilsonite	0.98	490.00
25.00	CEMENT MATERIALS	Flo Seal	2.97	74.25
12.00	CEMENT MATERIALS	Mud Flush	58.70	704.40
154.92	CEMENT SERVICE	Cubic Feet	2.46	384.20
1,654.67	CEMENT SERVICE	Ton Mteage	2.60	4,302.16
1.00	CEMENT SERVICE	Long String	2,443.75	2,443.75
242.00	CEMENT SERVICE	Pump Truck Mileage	7.70	1,863.40
242.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	1,064.80
3.00	CEMENT SERVICE	Waiting on Location -- No Charge		
1.00	EQUIPMENT SALES	5.5 Float Shoe	339.30	339.30
1.00	EQUIPMENT SALES	5.5 Latch Down Assembly	398.75	398.75
10.00	EQUIPMENT SALES	Centralizer	28.40	284.00
1.00	EQUIPMENT SALES	Basket	159.40	159.40
1.00	CEMENT SUPERVISOR	Robert Yakubovich		
1.00	EQUIPMENT OPERATOR	Nathan Donner		
1.00	EQUIPMENT OPERATOR	Jake Heard		

*Charles Hester*  
*OK 9/8/13*  
*JWA*

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

\$ 2,090.92

ONLY IF PAID ON OR BEFORE  
Sep 4, 2013

Subtotal	15,120.91
Sales Tax	387.29
Total Invoice Amount	15,508.20
Payment/Credit Applied	
<b>TOTAL</b>	<b>15,508.20</b>

*OK*  
*9/3/13*

- 2,090.92

13,417.28

*↑*  
*90*

# ALLIED OIL & GAS SERVICES, LLC 054764

Federal Tax I.D.# 20-5975604

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

SERVICE POINT:  
Russell KS

DATE <u>8-10-13</u>	SEC. <u>3</u>	TWP. <u>1</u>	RANGE <u>15</u>	CALLED OUT	ON LOCATION	JOB START <u>11:30 AM</u>	JOB FINISH <u>12:00 PM</u>
LEASE <u>Gruber</u>	WELL # <u>3-30</u>	LOCATION <u>Morrill KS 5A 2W 5 into</u>			COUNTY <u>Brown</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR CoG Drilling  
 TYPE OF JOB Long string  
 HOLE SIZE 7 7/8 T.D. 2828  
 CASING SIZE 5 1/2 17" DEPTH 2831.32  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOBB JOINT 41, 25  
 CEMENT LEFT IN CSG. 41.25  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ 64 3/4 bbl  
 EQUIPMENT \_\_\_\_\_

OWNER \_\_\_\_\_  
 CEMENT \_\_\_\_\_  
 AMOUNT ORDERED 125 ASC 5" 6.1 per st  
mad flush  
 COMMON \_\_\_\_\_ @ \_\_\_\_\_  
 POZAMIX \_\_\_\_\_ @ \_\_\_\_\_  
 GIL \_\_\_\_\_ @ \_\_\_\_\_  
 CHLORIDE \_\_\_\_\_ @ \_\_\_\_\_  
 ASC 125 @ 20.90 2612.50  
Gilsonite (500#) @ .98 490.00  
R/C 25" @ 2.97 74.25  
mad flush 12 gal @ 58.70 704.40  
 HANDLING 154.92 @ 2.48 384.20  
 MILBAG 1652.675 @ 2.60 4302.16  
 TOTAL 7863.11  
8561.51

PUMP TRUCK CEMENTER Robert V  
409 HELPER Nathan D  
 BULK TRUCK \_\_\_\_\_  
 BULK TRUCK DRIVER John Heard  
 BULK TRUCK DRIVER \_\_\_\_\_

REMARKS:  
ran 5 1/2 17" csg receive circulation  
mix 80 lbs down hole displace 64 bbl  
water lock in at 1300 lbs  
lost 45 gal on location for cement  
1300 lb hole

SERVICE  
 DEPTH OF JOB \_\_\_\_\_ 2828  
 PUMP TRUCK CHARGE \_\_\_\_\_ 2443.75  
 EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_  
 MILBAG 242.116-17 @ 7.76 1863.40  
 MANIFOLD \_\_\_\_\_ @ \_\_\_\_\_  
242.116-17 @ 4.40 1064.80  
wait time 3 hr @ 440 N/C  
 TOTAL 5371.95

CHARGE TO: Running Fees  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT  
5/8 float shoe @ 337.30 337.30  
latchdown assembly @ 378.75 378.75  
10 cuttings @ 28.40 284.00  
1 basket @ 157.90 157.90  
 TOTAL 1181.45

To: Allied Oil & Gas Services, L.L.C.  
 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.

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES 2090.92 15120.91  
 DISCOUNT 2090.92 IF PAID IN 30 DAYS  
Net 13029.99

PRINTED NAME \_\_\_\_\_  
 SIGNATURE Dick Coulter