



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1172710
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: _____

1172710

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 <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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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Daily Drilling Report

Operator: Running Foxes Petroleum	Location: 1200' FSL 500' FEL	Coord.: NW NE SE SE
Well Name: J. Livingood 3 OWWO	County: Brown State: KS	Sec.: 4
Project Area: Livingood	API #: 15-013-19001-00-01	Twp: 1S
Spud Date:	Lat/Long:	Rge: 15E
Field: Livingood	Logging Geologist: Chad Counts/Joe Taglieri	GL Elev: 1120' KB: 1129'

Drilling Contr: C&G Drilling	Toolpusher: Tim Gullick/Duke Colter
Surf. Casing: 8 5/8"	Cement Date:
Surf. Bit: N/A	Hole size: 7" to 2620; 6 1/8" to TD
Bit #1: 6 1/8" tricone Varel (30-30-30)	Drilling fluid: Water based mud
Bit #2: 6 1/8" tricone GT (26-26-26)	Mud Pumps: 14 X 6 1/4" Continental Emsco
Bit #3:	

Date	Start Depth	End Depth	Ft. Drilled
8/17/13	3265' (7:00pm)	3432' (7:00pm)	167'

Operations

7:27pm stopped to build mud volume. TOO H 10 stands. 1:46am TIH 2:09am Started drilling. Drilling resumed throughout the day without major problems. Fluid loss continued, but was able to keep up mud volume. 3:59pm Reached TD @ 3432'; 121' into the Viola dolomite. Continued to circulate, a short trip wasn't necessary due to multiple TOO H. 5:05pm Start TOO H to log well. 6:24pm bit on bank. 5:45pm Tucker on location 9:03am Tucker completed services. 9:15pm Started laying down drill pipe.

Time	Depth	Bit Weight	Pump PSI	Pump SPM	Table RPM	Mud Weight	Viscosity/LCM	Chlorides
2:30am	3254'	21k				8.4	42 14#	
8:00am	3315'	21k				9.6	45 8#	
2:00pm	3382'	21k				9.2	48 9#	

Mud/Chemicals Mixed:

No mud report today. Several sacks of gel and LCM were used throughout the day. However, not as severe as yesterday.

Formation Entered	Depth	Subsea	Units Gas	BG GAS	Prognosis	Hi/Low	Drill Stem Test						
Maqouketa	3281'	-.2152'			3279'	2' low	DST# 1 RECOVERY	Interval:	Formation	Cement Surface			
Viola	3310'	-.2181			3314'	4' high				Sacks			
Simpson Shale					3536'					n/a			
Decorah					3559'					Class			
St. Peter SS					3630'					Depth@TD			
Arbuckle					3673'					Cement Longstring			
Reagan					3823'					Sacks			
PreCambrian					3872'		Class						
							DST# 2 RECOVERY	Interval:	Formation	Depth@TD			
							DST# 3 RECOVERY	Interval:	Formation	Class			
OIL SHOWS							DESCRIPTION						
Hunton 2644-53 Fair show			3314-20' Tan-brown Dolomite, med xln, excellent vuggy porosity, occ xln growth in vugs, mod hard; slightly argillaceous, good show free oil; excellent saturation; free oil floating on samples; very strong odor; fast immd blooming neon blue cut. Changed lighter fluid to brown oil color. (3343-52') Dolomite-tan-greyish brown,occ. good vuggy porosity,fn xln, sugary texture, occ. med xls, mod hard, fair odor,fair show free oil, good fast streaming blue cut, good stain and free oil in vugular porosity,slightly less than above. (Most of show was in at least top 5' of break)										
Hunton 3142-3206 Good show.													
Viola 3314-20' Good-Excellent Show													
3343-52' Fair show													

Comments:



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

December 16, 2013

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

Re: ACO-1
API 15-013-19001-00-01
Livingood 3 OWWO
SE/4 Sec.04-01S-15E
Brown County, Kansas

Dear Chad Counts:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 8/14/2013 and the ACO-1 was received on December 13, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department