



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1184786
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: _____

1184786

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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Form	ACO1 - Well Completion
Operator	Running Foxes Petroleum Inc.
Well Name	Triemer 14-2
Doc ID	1184786

Tops

Name	Top	Datum
Heebner	1277	168
Lansing	1570	-125
BKC	1949	-504
Mississippian	2607	-1162
Kinderhook	2971	-1526
Hunton	3114	-1669
Maqouketa	3153	-1708
Viola	3226	-1781
Simpson Shale	3321	-1876



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 264825

Invoice Date: 12/17/2013 Terms: 0/0/30,n/30

Page 1

RUNNING FOXES PETROLEUM INC
6850 S. HAVANA STREET, ST.400
CENTENNIAL CO 80112
(303)617-7242

TRIEMER 14-2
45807
14-16-10E
12-16-2013
KS

REC'D DEC 19 2013

Part Number	Description	Qty	Unit Price	Total
11048	CLASS "A" CEMENT (SALE)	125.00	15.7000	1962.50
1102	CALCIUM CHLORIDE (50#)	350.00	.7800	273.00
1118B	PREMIUM GEL / BENTONITE	235.00	.2200	51.70
1107	FLO-SEAL (25#)	30.00	2.4700	74.10

Description	Hours	Unit Price	Total
479 TON MILEAGE DELIVERY	1.00	580.36	580.36
485 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
485 EQUIPMENT MILEAGE (ONE WAY)	70.00	4.20	294.00

ENTER DIRECTLY INTO QUICKBOOKS

GBA COMPANY RFP

DATE REC'D _____ DATE ENTERED _____

WELL	ACCOUNT/FYER	CODE	AMOUNT
KS11101001	2000		4274.50

Thank, Kuttel
1/13/14
1/11/14

APPROVALS

[Signature]

Parts: 2361.30 Freight: .00 Tax: 168.84 AR 4274.50
Labor: .00 Misc: .00 Total: 4274.50
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK 918/338-0808

EL DORADO, KS 316/322-7022

EUREKA, KS 620/583-7664

PONCA CITY, OK 580/762-2303

OAKLEY, KS 785/672-8822

OTTAWA, KS 785/242-4044

THAYER, KS 620/830-8260

GILLETTE, WY 307/686-4914

CUSHING, OK 918/225-2650



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Oil Well Services, LLC

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Houston, TX 77210-4346

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Fax 620/431-0012

INVOICE

Invoice # 264825

=====
Invoice Date: 12/17/2013 Terms: 0/0/30,n/30 Page 1
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RUNNING FOXES PETROLEUM INC
6850 S. HAVANA STREET, ST.400
CENTENNIAL CO 80112
(303)617-7242

TRIERMER 14-2
45807
14-16-10E
12-16-2013
KS

REC'D DEC 19 2013

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	125.00	15.7000	1962.50
1102	CALCIUM CHLORIDE (50#)	350.00	.7800	273.00
1118B	PREMIUM GEL / BENTONITE	235.00	.2200	51.70
1107	FLO-SEAL (25#)	30.00	2.4700	74.10
	Description	Hours	Unit Price	Total
479	TON MILEAGE DELIVERY	1.00	580.36	580.36
485	CEMENT PUMP (SURFACE)	1.00	870.00	870.00
485	EQUIPMENT MILEAGE (ONE WAY)	70.00	4.20	294.00

=====
Parts: 2361.30 Freight: .00 Tax: 168.84 AR 4274.50
Labor: .00 Misc: .00 Total: 4274.50
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____

BARTLESVILLE, OK EL DORADO, KS EUREKA, KS PONCA CITY, OK OAKLEY, KS OTTAWA, KS THAYER, KS GILLETTE, WY CUSHING, OK
918/338-0808 316/322-7022 620/583-7664 580/762-2303 785/672-8822 785/242-4044 620/839-5269 307/686-4914 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

264825

TICKET NUMBER 45807

LOCATION Eureka

FOREMAN Steve Neal

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT 13-711-20482

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-16-13	69160	Trismer *14-2	14	16	106	Lyon
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Running Foxes Petroleum Inc			485	Alan		
MAILING ADDRESS			479	Marla		
6855 S. Havana St. Sta 400						
CITY	STATE	ZIP CODE				
Chanute	Ks.	66702				

JOB TYPE Surface 0 HOLE SIZE 12 1/4 HOLE DEPTH 215 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 213' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 12 1/2 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up to 8 5/8 casing. Break circulation w/ 5 bbls fresh water. Mix 22 bbls class A cement w/ 3% Cacl2, 2% Gel + 1/4" Flo-Calc. Displace w/ 12 1/2 bbls fresh water. Shut well in. Good cement. Returns to surface 6 bbls to pit. Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54615	1	PUMP CHARGE	870.00	870.00 ✓
5466	70	MILEAGE	4.20	294.00 ✓
11045	125 skt	Class A Cement	15.70	1962.50 ✓
1102	350*	Cacl2 3%	.78	273.00 ✓
1168B	235*	Gel 2%	.22	51.70 ✓
1197	30*	Flo-Calc 1/4" per 15 sk	2.47	74.10 ✓
5407A	5.88 ton	Fan Mileage Bulk Trucks	1.41	580.36 ✓
			Sub Total	4105.66 ✓
			SALES TAX	168.84 ✓
			ESTIMATED TOTAL	4274.50 ✓

completed

Ravin 3737

AUTHORIZATION [Signature]

TITLE _____

DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

RFP

ENTERED DELIVERY DATE _____
 DATE RECEIVED _____

WELL	COUNTY EXPENSE CODE	AMOUNT
KS11101001	1029	4352.42

\$4,134.80

APPROVALS

[Signature]

Charles H. [Signature]
11/13/14



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
 Consolidated Oil Well Services, LLC
 Dept. 970
 P.O. Box 4346
 Houston, TX 77210-4346

MAIN OFFICE
 P.O. Box 884
 Chanute, KS 66720
 620/431-9210 • 1-800/467-8676
 Fax 620/431-0012

INVOICE Invoice # 265006

Invoice Date: 12/26/2013 Terms: 0/0/30,n/30 Page 1

RUNNING FOXES PETROLEUM INC
 6850 S. HAVANA STREET, ST.400
 CENTENNIAL CO 80112
 (303)617-7242

TRIEMER 14-2
 45816
 14-16S-10E
 12-20-2013
 KS

REC'D DEC 31 2013

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	155.00	13.1800	2042.90
1118B	PREMIUM GEL / BENTONITE	535.00	.2200	117.70
479	MIN. BULK DELIVERY	1.00	658.33	658.33
485	P & A NEW WELL	1.00	1085.00	1085.00
				294.00



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Oil Well Services, LLC

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Houston, TX 77210-4346

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Fax 620/431-0012

INVOICE

Invoice # 265006

Invoice Date: 12/26/2013 Terms: 0/0/30,n/30

Page 1

RUNNING FOXES PETROLEUM INC
6850 S. HAVANA STREET, ST.400
CENTENNIAL CO 80112
(303)617-7242

TRIEMER 14-2
45816
14-16S-10E
12-20-2013
KS

REC'D DEC 31 2013

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	155.00	13.1800	2042.90
1118B	PREMIUM GEL / BENTONITE	535.00	.2200	117.70
	Description	Hours	Unit Price	Total
479	MIN. BULK DELIVERY	1.00	658.33	658.33
485	P & A NEW WELL	1.00	1085.00	1085.00
485	EQUIPMENT MILEAGE (ONE WAY)	70.00	4.20	294.00

OK
2013
1/11/14

Parts: 2160.60 Freight: .00 Tax: 154.49 AR 4352.42
Labor: .00 Misc: .00 Total: 4352.42
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 318/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

265006

TICKET NUMBER 45816

LOCATION Eureka

FOREMAN Steve Mead

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT APR 15-111-20482

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-20-13	6960	Triemar #14-2	14	163	10E	Lyran
CUSTOMER Running Foxes Petroleum						
MAILING ADDRESS 6855 S. Havana St. Ste 400						
CITY Centennial		STATE CO.	ZIP CODE 80112			
TRUCK #		DRIVER				
485		Alan				
479		Mark				

JOB TYPE <u>PTA 0</u>	HOLE SIZE <u>7 7/8</u>	HOLE DEPTH <u>3453'</u>	CASING SIZE & WEIGHT
CASING DEPTH	DRILL PIPE <u>4 1/2</u>	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Safety meeting: Plug well as follows.

- 15 sks - 50' plug 3453'
- 15 sks - 50' plug 3208'
- 15 sks - 50' plug 3113'
- 15 sks - 50' plug 1715'
- 70 sks 350' to surface
- 15 sks Rest hole
- 10 sks mouse hole

Total 155 sks 6940 Pozmix Cement 4% Gel Job Complete Rig down

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	70	MILEAGE	4.20	294.00 ✓
1131	155 sks	6940 Pozmix Cement	13.18	2042.90 ✓
1128B	536 #	Gel 4%	.22	117.70 ✓
5407	6.67 Ton	Ton mileage bulk Truck	141	658.33 ✓
<u>Thank you.</u>				
<input checked="" type="checkbox"/> completed				
			SubTotal	4197.93
			SALES TAX	154.49 ✓
			ESTIMATED TOTAL	4352.42 ✓

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records at our office, and conditions of service on the back of this form are in effect for services rendered on this form.