



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1196706
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: _____

1196706

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	Kerr 9-12
Doc ID	1196706

Tops

Name	Top	Datum
Lansing	1472	-123
BKC	1850	-501
Cherokee	2101	-752
Mississippian	2483	-1134
Kinderhook	2854	-1505
Hunton	3000	-1651
Maqouketa	3033	-1684
Viola	3108	-1759
Simpson Shale	3194	-1845
St.Peter Sandstone	3223	-1874
Arbuckle	3274	-1925



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 # 265361

Invoice Date: 01/16/2014 Terms: 0/0/30,n/30

Page 1

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

KERR 9-12
45799
9-16-10
01-14-2014
KS

REC'D JAN 20 2014

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	130.00	15.7000	2041.00
1102	CALCIUM CHLORIDE (50#)	365.00	.7800	284.70
1118B	PREMIUM GEL / BENTONITE	240.00	.2200	52.80
1107	FLO-SEAL (25#)	30.00	2.4700	74.10

Description	Hours	Unit Price	Total
445 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
445 EQUIPMENT MILEAGE (ONE WAY)	70.00	4.20	294.00
479 TON MILEAGE DELIVERY	1.00	603.06	603.06

*T, per Rolando
take 5% off on
cement job inv.*

Parts:	2452.60	Freight:	.00	Tax:	175.37	AR	4395.03
Labor:	.00	Misc:	.00	Total:	4395.03		
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 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

2653661

TICKET NUMBER 45799

LOCATION Eureka, KS

FOREMAN David Gardner

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-111-20481

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
1-14-14	6960	Kerr #9-12	9	16	10	Lyon	
CUSTOMER		C+G DRLG. Rig #2		TRUCK #	DRIVER	TRUCK #	DRIVER
Running Foxes Petroleum Inc.				445	Chris B.		
MAILING ADDRESS				479	Seth V. + Joey K.		
6855 S. Havana St. Ste. 400							
CITY	STATE	ZIP CODE					
Centennial	CO	80112					

JOB TYPE Surface 0 HOLE SIZE 12 1/4" HOLE DEPTH 219' CASING SIZE & WEIGHT 8 5/8" 24"
 CASING DEPTH 206' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL 33 Bbl WATER gal/sk _____ CEMENT LEFT in CASING 15' +/-
 DISPLACEMENT 13 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Safety Meeting. Rig up to 8 5/8" casing. Break circulation w/ 5 Bbl fresh water. Mixed 130 sks Class "A" Cement w/ 3% Cactz., 2% Gel, & 1/4" Flo-seal/sk. Displace w/ 13 Bbl fresh water. Shut well in. Good circulation @ all times. 10 Bbl good cement slurry to pit. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	870.00	870.00 ✓
5406	70	MILEAGE	4.20	294.00 ✓
1104J	130 SKS	Class "A" Cement	15.70	2041.00 ✓
1102	365#	Cactz. @ 3%	.78	284.70 ✓
1118B	240#	Gel @ 2%	.22	52.80 ✓
1107	30#	Flo-seal @ 1/4"/sk	2.47	74.10 ✓
5407A	6.11 Tons	Ton Mileage Bulk Truck	1.41	603.06 ✓
			Subtotal	4219.66 ✓
"Thank You"			7.15%	SALES TAX 175.37 ✓
			ESTIMATED TOTAL	4395.03 ✓

completed

Flavin 3737

AUTHORIZATION [Signature]

TITLE Day light sample 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.



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

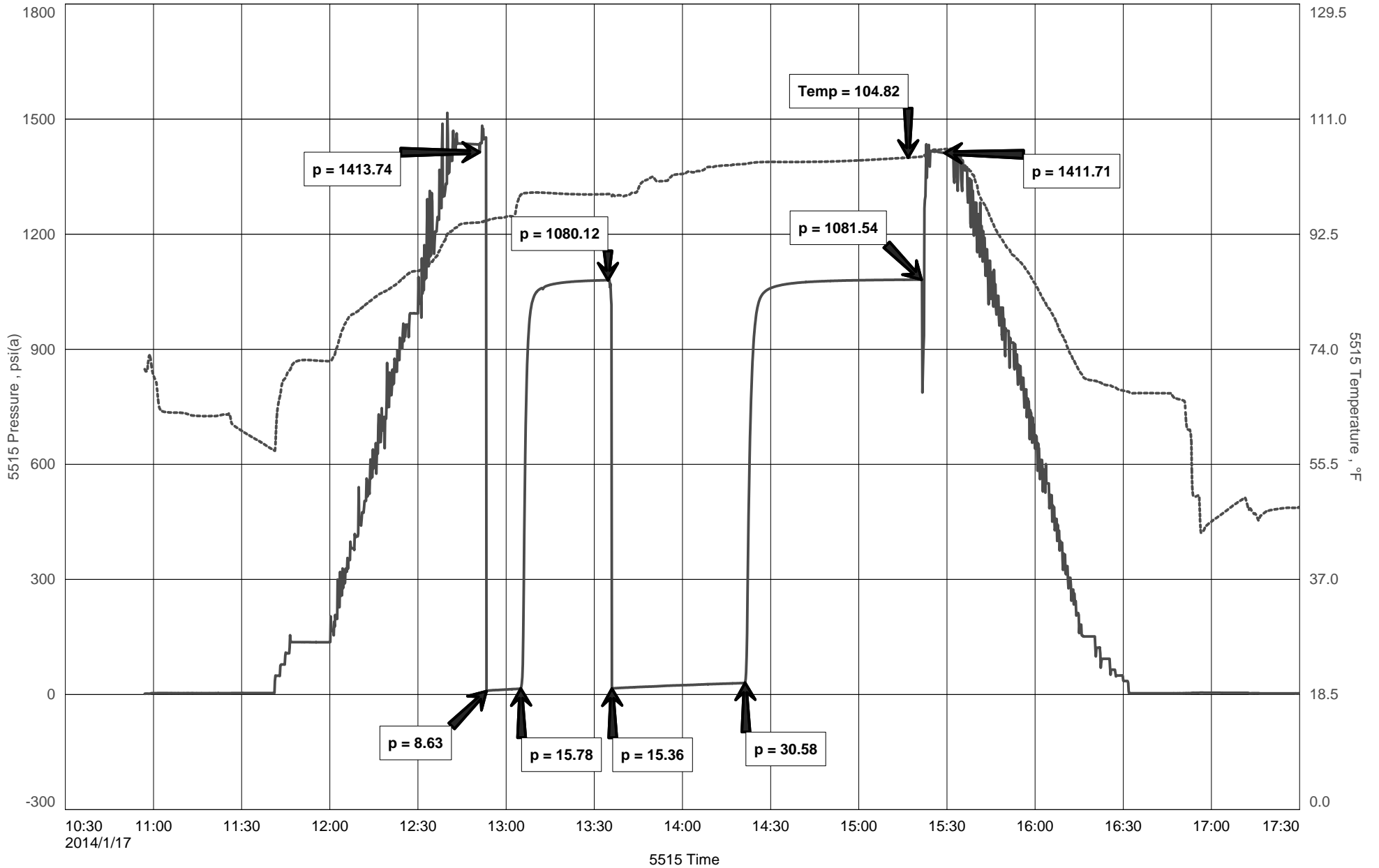
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Running Foxes Petro Inc.
DST #1 Hunton 2994-3009'
Start Test Date: 2014/01/17
Final Test Date: 2014/01/17

Kerr #9-12
Formation: DST #1 Hunton 2994-3009'
Pool: Infield
Job Number: S0436

Kerr #9-12



Diamond Testing

General information Report

General Information

Company Name Running Foxes Petro Inc.

Contact	Chad Counts	Job Number	S0436
Well Name	Kerr #9-12	Representative	Jacob McCallie
Unique Well ID	DST #1 Hunton 2994-3009'	Well Operator	Running Foxes Petro Inc.
Surface Location	SEC 9-16S-10E Lyons County	Report Date	2014/01/17
Well License Number		Prepared By	Ricky Ray
Field	Kizler North		
Well Type	Vertical		

Test Type	Drill Stem Test	Start Test Time	10:57:00
Formation	DST #1 Hunton 2994-3009'	Final Test Time	17:30:00
Well Fluid Type	01 Oil		
Start Test Date	2014/01/17		
Final Test Date	2014/01/17		
Gauge Name	5515		
Gauge Serial Number			

Test Results

RECOVERY:
30' OSM 2% O 98% M

TOOL SAMPLE:
3% O 2%W 95% M



265456

TICKET NUMBER 45199
 LOCATION Eureka
 FOREMAN Stevenson

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-111-20481

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-19-14	69960	Kerr # 9-12	9	165	10E	Lyon
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Running Foxes Petroleum Inc			485	Alan		
MAILING ADDRESS			513	Merle		
6835 S. Havana St. Ste 400			611	Joey		
CITY	STATE	ZIP CODE				
Centennial	CO	80112				

JOB TYPE 4/5 HOLE SIZE 7 7/8 HOLE DEPTH 3328' CASING SIZE & WEIGHT 5 1/2 27.5*
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.5#/gal 2500 SLURRY VOL _____ WATER gal/ft _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 76 bbls DISPLACEMENT PSI 800* MIX PSI 1200* RATE _____

REMARKS: Safety Meeting Rig up to 5 1/2 casing. Drop Brass ball set packer shoe 900'
Pump 10bbls water ahead 10bbls sp400 mud flush & 10bbl water spacer. Mix 190 sks 60/40
Poz mix cement w/ 4% Gel + 1/2" phenoseal Tail in w/ 70 sks Thick set cement. Wash
out pump lines shut down Release Plug. Displace w/ 76bbls Fresh water. Final pump tag
Pressure 800* Pump Plug 1200*. Wait 2 min Release Pressure Plug held. Good Circulation
During Job Job Complete Rig down

Thank you

Centralizer #1-12 Basket on #4-10

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	70	MILEAGE	4.20	294.00 ✓
1131	190 sks	60/40 Poz mix cement	13.18	2504.20 ✓
1118B	655 #	Gel 4%	.22	144.10 ✓
1107A	95 #	Phenoseal 1/2" per/sk	1.35	128.25 ✓
1126A	70 sks	Thickset cement	20.16	1411.20 ✓
1110A	350 #	Kal Seal 5" per/sk	.46	161.00 ✓
1107A	35 #	Phenoseal 1/2" per/sk	1.35	47.25 ✓
1144	2 1/2 gallons	SP-402 mud cleaner agent (DV1150)	44.10	110.25 ✓
5407	12.02 ton	Ton mileage Bulk Truck 515-667*	N/C	736.00 ✓
4253	1	Type A Packer Shoe	1663.00	1663.00 ✓
4104	2	5 1/2 Cement Basket	240.00	480.00 ✓
4120	12	5 1/2 Centralizer	50.50	606.00 ✓
4406	1	5 1/2 Rubber Plug	73.50	73.50 ✓
4306	1	Thread Locks Kit	30.00	30.00 ✓
			Sub Total	9473.75 ✓
		7.15%	SALES TAX	526.15 ✓
			ESTIMATED TOTAL	9999.90 ✓

completed

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