



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238262
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
-----------------------------------	-----------------	---

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: _____

1238262

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> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Running Foxes Petroleum Inc.
Well Name	Herrmann 9-4B
Doc ID	1238262

All Electric Logs Run

Compensated Density/Neutron
GR
DIL
Sonic



CONSOLIDATED
Oil Well Services, Inc.

Jun 10 95

H 1049

Invoice # 1802200

TICKET NUMBER 48479

LOCATION El Dorado

FOREMAN Fuzzey

PO Box 894, Chanute, KS 66720
620-431-9210 or 800-487-9876

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-23-14	69600	Wierman 9-4B	4	1S	15E	Brown
CUSTOMER	Rummel Foxes Pat		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			7601	CHRIS		
			081	STEVEN		
			213	TERRY		
CITY	STATE	ZIP CODE	574	MARK		

JOB TYPE 2.5 hrs. 80' HOLE SIZE 778 HOLE DEPTH 3425' CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH 3425' DRILL PIPE _____ TUBING _____ OTHER SL
 SLURRY WEIGHT 14.7 SLURRY VOL. 26.1 WATER gal/ft _____ CEMENT LEFT IN CASING 11 SL
 DISPLACEMENT 81.2 DISPLACEMENT PSI _____ MIX PSI _____ RATE DV @ 265'
 REMARKS: 90 min making one Summit Bulge. Flooding up cont 1.2. 17.29.22
BASKET bottom 3.18.20. DV Tool Top 48. Rig up and circulate 45 min.
Pump 2 Bul water 50 gal mud slush 2 bul water. Mix 100 gal
class A 370 gal 2 bags w/5% potassium wash pump and 1 hrs of op
plus and displace 82 BALS 700 litr land plus @ 1200'
find hold. Drop DV back wait 20 min open DV to 1200'
over 30 hrs

Thanks
Fuzzey Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1075.00	1075.00
5406	100	MILEAGE	4.20	420.00
5407A	4.7400	Tow Mileage Delivery	144	662.28
5402	1500'	Casing Seepage	1.23	345.00
5404	4 HRS	Personal Stand by	90/HR min	1800.00
11045	100545	Class A	15.20	1570.00
1104B	300#	Oil	2.2	660.00
1102	200#	Calcium chloride	78	156.00
1104A	500#	Pulsoal	46	230.00
1144G	500 gal	Mud Slush	1.10	550.00
415A	1	5 1/2. A TV float shoe	361.00	361.00
4104	3	5 1/2. Baskets	290.00	870.00
4130	5	5 1/2. Centralizers	50.00	250.00
4203	1	5 1/2. DV Tool w/ Latchdown	3381.00	3381.00
		Subtotal		11748.28
		SALES TAX ESTIMATED	7.65	568.89
		TOTAL		12318.09

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



CONSOLIDATED
Oil Well Services, Inc

INVOICE # **802137**

TICKET NUMBER 48480
LOCATION El Dorado
FOREMAN Fuzzy

JM 1094 FT 1048

PO Box 894, Chanute, KS 66720
820-431-9210 or 800-467-9676

FIELD TICKET & TREATMENT REPORT
CEMENT

123

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-23-14	4960	Norman 9-24-5	4	15	15E	Brown
CUSTOMER Pumping Cores Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			760	Chols		
CITY			713	Terry		
STATE			574	Mark		
ZIP CODE			681	Steven		

JOB TYPE 2-stage-Top HOLE SIZE 7 1/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH 2665 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 10.5 SLURRY VOL _____ WATER gals/k _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 63.2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Sunday 6/5. Pump 5 bags water. mix 330 lbs betwops 8 good + 20 gal + 6 Kalsol w 1/2 poly chloride wash pump and lines. Deep play and displace 64 bags water 750 lit close DV Tool @ 1700 ft

Cement did circulate approx 25 to 30 top bit

Thanks Fuzzy crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	100	MILEAGE	4.50	N/C
5407A	14.1 tons	Ten mile rate bitvally	141	1985.10
1131	330 SKE5	60/40 pps	128	4349.90
1185	2300#	Gel	1.82	506.00
1102	600#	Calcium chloride	78	480.00
1107	175#	Poly chloride	247	432.35
110AN	2000#	Kalsol	46	920.00
5501C	16 hrs	water Transport	120.00/hr	1920.00
1123	5000 gal	city water	17.30	86.30
		Subtotal		11755.35
		SALES TAX	7.65	517.30
		ESTIMATED TOTAL		12,272.55

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



CONSOLIDATED
OIL WELL SERVICES, LLC

JM 880

FT 776

TICKET NUMBER 48473

LOCATION CL Boardo

INVOICE# 801900

FOREMAN Fuzz4

PO Box 894, Chanute, KS 66720
620-431-9210 or 800-467-9676

FIELD TICKET & TREATMENT REPORT
CEMENT

125

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-15-14	6960	Herrmann Q-24B	4	1	15	Brown
CUSTOMER			Sub Alpha			
MAILING ADDRESS			W. 530			
			3-E			
			CROWLINE			
			11200			
			W. 11			
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
			760	CHRIS		
			713	SUD		

JOB TYPE SURFACE HOLE SIZE 12 1/4 HOLE DEPTH 273' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 273' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 44.8 WATER gal/ft _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 16.1 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

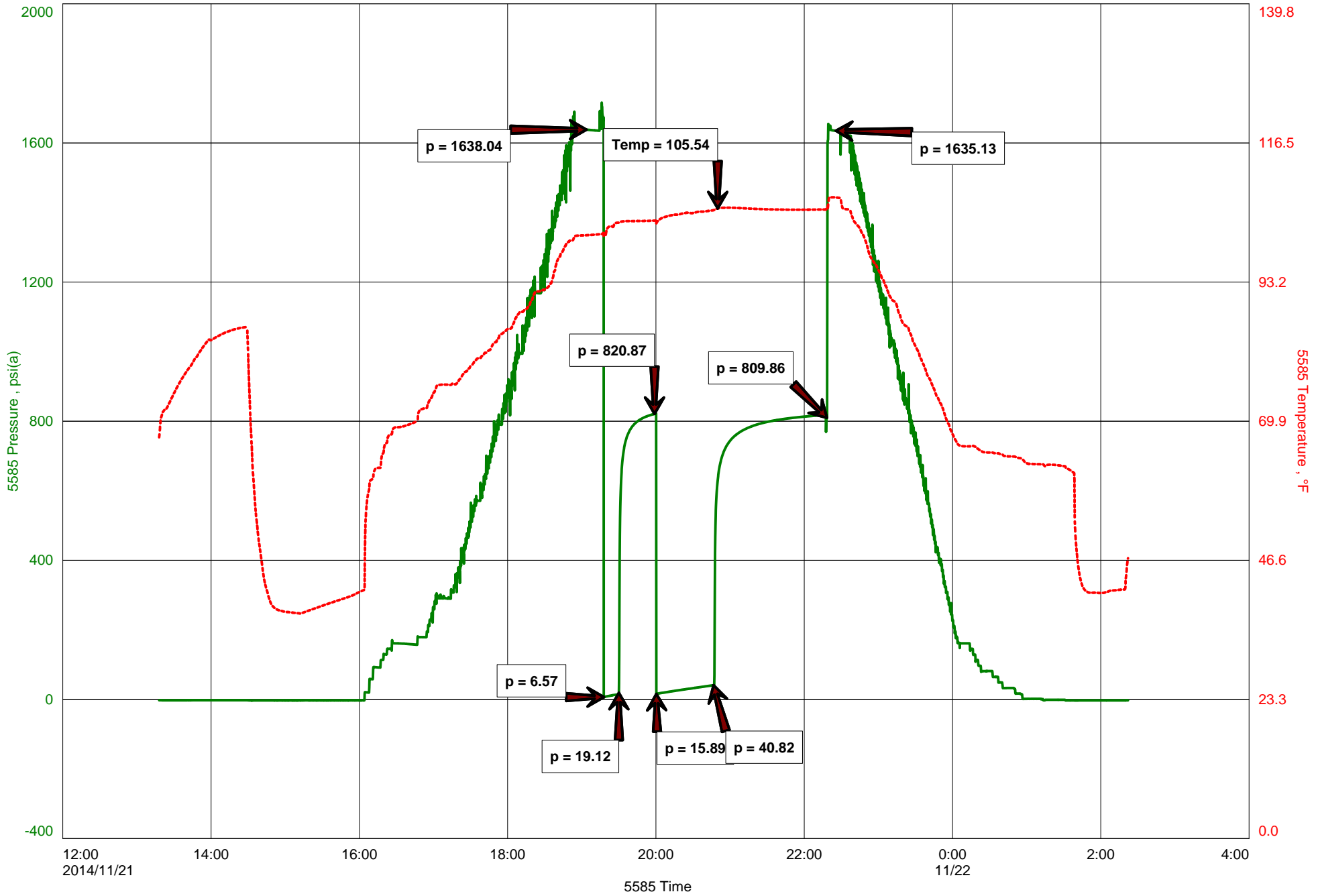
REMARKS: SABDY machine on Summit bldg. Recup and circulate
Pump 5 1/2" motor with 185 lbs class 'A' 370cc 29cc w/ 1/2"
poly slake displace 16.5 gal and shut in.
cement did circulate good approx 5 bags

Thanks
Fuzz4 & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	100	MILEAGE	4.20	420.00
5407A	8.7 ton	Top Mileage Delivery	141	1226.20
11045	185 gals	CLASS 'A'	15.20	2804.50
1102	550*	Calcium chloride	.78	429.00
1108	350*	GAL	.22	77.00
1107	100*	Poly. Slake	2.47	247.00
		Subtotal		6174.20
		SALES TAX		229.80
		ESTIMATED TOTAL		6454.00

FORM 3723
 AUTHORIZATION DC 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

Herrmann #9-4b





Michael Carroll
 620-617-0368
 carroll.dtlc@gmail.com

Hoisington, Kansas

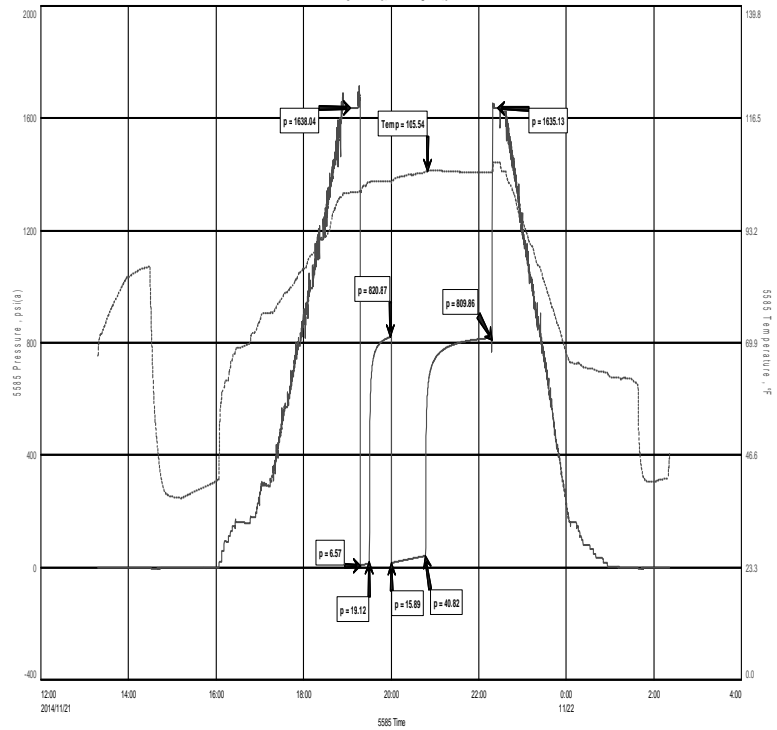
General Information

Company Name Running Foxes Petroleum

Contact Chad Counts
 Well Name Herrmann #9-4b
 Unique Well ID Dst#1 Viola 3323-3335'
 Surface Location Sec4-1s-15e Brown County
 Field Livingood
 Well Type Vertical
 Test Type Drill Stem Test
 Well Operator Running Foxes Petroleum

Formation Dst#1 Viola 3323-3335'
 Well Fluid Type 01 Oil
 Test Purpose Initial Test
 Start Test Date 2014/11/21
 Start Test Time 13:18:00
 Final Test Time 02:20:00
 Job Number P0020
 Report Date 2014/11/21
 Prepared By Michael Carroll

Herrmann #9-4b



TEST RECOVERY

Remarks Recovery: 55' CO 100%O Gravity: 30 @ 60 Degrees F
 27' HMCO 54%O 46%M
 Total Fluid 82'
 Tool Sample 40%O 60%M



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

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.