Сс	onfiden	tiality	Requested:
	Yes	ΠN	0

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1253838

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

Address 2:	OPERATOR: License #	API No. 15
Address 2:	Name:	Spot Description:
City:	Address 1:	
Contact Person:	Address 2:	Feet from North / South Line of Section
Phone:	City: State: Zip:+	Feet from East / West Line of Section
CONTRACTOR: License # GPS Location: Lat:, Long:	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Name: (e.g. xxxxxxx) Wellsite Geologist:	Phone: ()	
Name: (e.g. xxxxx) (e.g. xxxxx) Wellsite Geologist: Datum: (NAD27 NAD83 (WG84 Purchaser: Designate Type of Completion: Lease Name: Well #: (E.g. xxxxx) Designate Type of Completion: Image: Completion: Well #: (E.g. xxxxx) (E.g. xxxxx) Designate Type of Completion: Image: Completion: Well #: (E.g. xxxxx) (E.g. xxxxx) Designate Type of Completion: Image: Completion: Well #: (E.g. xxxxx) (E.g. xxxxx) Designate Type of Completion: Image: Completion: Well #: (E.g. xxxxx) (E.g. xxxxx) Designate Type of Completion: Image: Completion: Well #: (E.g. xxxxx) (E.g. xxxxx) Original Completion: Gas DAA ENHR SIGW (E.g. xxxx) (E.g. xxxx) (E.g. xxxx) (E.g. xxx) (F.g. xx)	CONTRACTOR: License #	GPS Location: Lat:, Long:
Wellsite Geologist:	Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Purchaser:	Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Designate Type of Completion:		County:
New Well Re-Entry Workover Oil WSW SWD Gas D&A ENHR OG GSW Temp. Abd. CM (Coal Bed Methane) Elevation: CAthodic Other (Core, Expl., etc.): CAthodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Operator: Will Name: Original Comp. Date: Original Total Depth: Deepening Re-perf. Commingled Permit #: Dual Completion Permit #: SWD Permit #: SWD Permit #: GSW Permit #: Chioride content: ppm Fluid volume: Deeparing method used: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Quarter Sec. Two S. R.	Designate Type of Completion:	Lease Name: Well #:
Producing Formation:		Field Name:
Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Total Vertical Depth:Plug Back Total Depth: Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: Operator: Original Comp. Date:Original Total Depth: If Alternate II completion, cement circulated from: If Alternate II completion, cement circulated from: Image: Commingled Permit #: Plug Back Conv. to GSW Commingled Permit #: SWD Permit #: SWD Permit #: SWD Permit #: GSW Permit #: Chloride content:ppm Fluid volume: Devatering method used:		Producing Formation:
OG GSW Temp. Abd. CM (Coal Bed Methane) Total Vertical Depth: Plug Back Total Depth: Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: Multiple Stage Cementing Collar Used? Yes Operator:		Elevation: Ground: Kelly Bushing:
OG GSW Temp. Add. CM (Coal Bed Methane) Amount of Surface Pipe Set and Cemented at: Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: If Alternate II completion, cement circulated from: Operator:		Total Vertical Depth: Plug Back Total Depth:
Conv (Coar bed Methanle) Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: If Alternate II completion, cement circulated from: If eet depth to: If Alternate II completion, cement circulated from: If eet depth to: If alternate II completion, cement circulated from: If eet depth to: If alternate II completion, cement circulated from: If eet depth to: If alternate II completion, cement circulated from: If eet depth to: If alternate II completion fluid Management Plan If alternate II completion fluid volume: If alternate II completion fluid volume: If alternate II completion fluid volume: If alternate II completion fluid disposal if hauled offsite: If alternate II completion fluid disposal if hauled offsite: If alternate II completion fluid disposal if hauled offsite: If alternate II completion fluid disposal if hauled offsite: If alternate II completion fluid disposal if hauled offsite: <td></td> <td>Amount of Surface Pipe Set and Cemented at: Feet</td>		Amount of Surface Pipe Set and Cemented at: Feet
If Workover/Re-entry: Old Well Info as follows: If yes, show depth set:		
Operator:		
Well Name:		
Original Comp. Date: Original Total Depth: Deepening Re-perf. Plug Back Conv. to ENHR Commingled Permit #: Dual Completion Permit #: SWD Permit #: SWD Permit #: GSW Permit #: OSW Permit #: Outling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: ppm Fluid volume: Dewatering method used: Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: Operator Name: Lease Name: Lease Name: License #: Quarter Sec.		
Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer Commingled Permit #:		
Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #: ppm Fluid volume: Dual Completion Permit #: Dewatering method used: Dewatering method used: SWD Permit #: Location of fluid disposal if hauled offsite: GSW Permit #: Operator Name: Lease Name: License #: Quarter Sec.		Drilling Eluid Management Dian
Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: License #: Lease Name: License #: Quarter Sec.		
Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: License #: Lease Name: License #: Quarter Sec.		Chloride content: ppm Fluid volume: bbls
SWD Permit #: Location of fluid disposal if hauled offsite: ENHR Permit #: Operator Name: GSW Permit #: Lease Name: Understand Quarter Sec. Twp. S. R. East		Dewatering method used:
Image: Sector of the sector		Location of fluid disposal if hauled offsite:
GSW Permit #: Operator Name: Lease Name: License #: Quarter Sec. Twp. S. R. East		
Quarter Sec. Twp. S. R.		Operator Name:
Spud Date or Date Reached TD Completion Date or Quarter Sec TwpS. R East		Lease Name: License #:
	Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. 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:								

	Page Two	1253838
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCTRUCTIONS: Chave important tang of formations panetrated Da	tail all carea. Bapart all final	appiag of drill stome tools giving interval tooled, time tool

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 (Attach Additional She	eets)	Yes No		-	on (Top), Depth ar		Sample
Samples Sent to Geological Survey		Yes No	Name	9		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
			RECORD Ner		tion, 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 / SQU	EEZE RECORD)		

Perforate	
Protect Casing	
Plug Back TD Plug Off Zone	

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

(If No, skip questions 2 and 3) (If No, skip question 3)

No No

No

(If No, fill out Page Three of the ACO-1)

			I RECORD - Bridge Plugs Set/Type otage of Each Interval Perforated			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			Depth	
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed Production, SWD or ENHF			٦.	Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:					METHOD	OF COMPLE			PRODUCTION INTER	RVAL ·
DISPOSITION OF GAS:			Open Hole Other <i>(Specify)</i>	Perf.		Comp.	Commingled (Submit ACO-4)			

Form	ACO1 - Well Completion
Operator	Running Foxes Petroleum Inc.
Well Name	Plattner 11-15
Doc ID	1253838

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
Surface	12.25	8.625	23	272	Class A	2%Gel 3% CC 1/2# Polyflake

(REMIT TO	T T0			MAIN OFFICE
	CONSOLIDATED OI Well Services, LLC	Consolidated Oil Well Services,LLC Dept:970 P.O.Box 4346 Houston,TX 77210-4346	Vell Services,LLC :970 77210-4346		Ch 620/431-9210, Fa	P.O.Box884 Chanute,KS 66720 620/431-9210,1-800/467-8676 Fax 620/431-0012
Invoice				Invoice#	804077	22
Invoice Date:	Invoice Date: 04/28/15		Terms: Net 30		Page	t
Running Foxes 6850 S. Hava Centennial CC USA 303-617-7242	Running Foxes Petroteurn Inc 6850 S. Havana Street, Suite 400 Centenniaf CO 80112 USA 303-617-7242		PLAT	PLATTNER 11-15	REC'D APR 3 0	3 0 2015
5401S	Cement Pump Truc	uon Pump Truck - Surface	Quantity 1.000	870.0000	Uiscount(%) 15.000	10tal 739.50
5406			100,000	4.2000	15.000	357.00
1104S	Class A Cement		165.000	15.7000	30.000	1,813.35
1102	Calcium Chloride (50#)	20#)	400,000	0.7800	30.000	218.40
1118B	Premium Gel / Bentonite	tonite	300,000	0.2200	30.000	46.20
1107	Flo-Seal		50.000	2.4700	30.000	86.45
5407A	Ton Mileage Delivery Charge	rry Charge	775.000	1.4100	15.000	928.84
					Subtotal	5,474.75
				Discounted Amount	l Amount	1,285.01
				SubTotal After Discount	Discount	4,189.74
	o standar in to chini y internation in the standard ([]]	le de Verse		· Amount D	Amount Due 5,711.29 If paid after 05/28/15	id after 05/28/15
	<pre>certification control con</pre>	COMPANY C	9	a may need here have been made and may may here	and	a non data tota and and and and and and and and and an
	Good States	CIA-T CATTRED			Tax:	165.58
in party and more share party years party				ant neet ban and that ping and and had ban had been the th	Total:	Fotal: 4,355,32
	KSO130400 A	013 430	365.33			
	 tradi - ata i i toka 11 tradi - ata i i toka 11 	 A second sec second second sec		9		
				2		
	APROVALS AA	W/ 42			~	
	1 1 1	Mrsh M				
BARTLESVILLE, OK 918/338 0808	TLE, OK EL DORADO KS EUREKA KS 0808 3163227022 62015837554	PONCA CITY, OK 580/762-2300	ОАКLEY, KS 011AWA, KS 785/872-8822 785/242-4044	4, KS THAYER, KS 40.44 620/838-5269	6 GILLETTE, WY 307/858-49-14	CUSHING, OK 018725-2660

TICKET NUMBER 48317 LOCATION / 8 a FOREMAN JEPPS/JE/J ORT DRIVER TRUCK# DRIVER JEPS J J F E BROWN DRIVER TRUCK# DRIVER CASING SIZE & WEIGHT 8 G OTHER OTHER OTHER A TO SULCPOCE WITH 1/4 Edds	UNIT PRICE TOTAL 870.00 870.00 4.30 420.00 4.30 420.00 1.5.70 3.570.50 3.33 66.00 3.47 123.50 1.41 1093.15 1.41 1093.15 1.41 1093.15 1.41 1093.15 2.04 fb14 54/24.75 504 fb13 57.33 504 fb13 1/355.33 504 fb16 1/355.33 504 fb16 1/355.33 504 fb16 1/355.33
2745 21669 BER TREATMENT REPOI CEMENT BER SECTION DER 	Account CODE QUANITY or UNITS DESCRIPTION of SERVICES or PRODUCT UNIT PRICE TOTAL 570.05 10 PLUNE CHARGE 870.05 870.05 870.05 570.05 10 MILEAGE 10 MILEAGE 41.00 870.05 110.45 4017 16555 6.19.05 6.1 10.7 8.70.05 110.45 4017 16555 6.19.16 8.70.05 8.70.05 110.7 50016.5 6.1 9.01.7 1.3.1 1093.35 110.7 50016.5 6.1 1.3.1 1093.35 1.3.1 110.7 5.0.4 8.0.4 1.3.1 1093.35 5407.4 7.5 5.1.4 1093.35 64.6 1.3.1 1093.75 1.3.1 110.7 7.55 6.4.12 1.3.1 54.4 7.4 7.4 1.4.1 1093.35 64.6 1.4.1 7.4 1.4.1 1093.75 64.6 1.4.1 7.4 8.4.1 1.4.1
PO Box 884, Chanute, KS 66720 FIELD TICK FO Box 884, Chanute, KS 6670 FIELD TICK FIELD TICK FO Box 884, Chanute, KS 6670 FIELD TICK FIELD TICK FO Box 884, Chanute, KS 6670 FIELD TICK FIELD T	Account auanity or units CODE AUANITY or UNITS 54015 1103 4907 165545 1103 590165 1103 590165 1103 590165 59076 1107 590165 59076 1107 5701 500165 1007 5701 1007 57016 1007 570 1007 570 10

TERMS

in consideration of the prices to be charged for Consolidated Oil Well Services, LLC (COWS) services, equipment and products and for the performance of services and supplying of materials, Castomer agrees to the following terms and condutions. Terms Cash in advance unless satisfactory credit is established On credit sales, invoices are payable within 30 days. Customer invoice date. On all invoices hot paid within 30 days. Customer agrees to pay COWS interest at the rate of 18% per annum or the maximum rate allowed by law, whichever is higher. In the event COWS retains an attorney to pursue collection of any account. Customer agrees to pay all collection costs and anoney's less incured by COWS.

Any applicable (ederal, state or local safes, use occupation, consumer's or emergency taxes shall be added to the quoted price. All process freense feels required to the paid to others will be added to the scheduled prices.

All COWS' prices are subject to change without notice.

SERVICE CONDITIONS

Customer warrants that the well is in proper condition for receive the services, equipment, products and materials to be supplied by COWS. The Customer shall at all time have complete care, custody, and control of the well, the driffing and production equipment at the well, and the premises about the well. A responsible representative of the Customer shall be present to specify depths, pressures, or materials used for any service which is to be performed.

(a) COWS shall not be responsible for any claim, cause of action or demand (hereinclfter referred to as a "claim") for damage to property, or injury to or death of employees and representatives, of Customer for the well owner (if different from Customer), unless such damage, injury or death is caused by the willful misconduct or gress regligence of COWS, including but not limited to sub-surface damage and surface damage arising from sub-surface damage.

but not limited to, injury to the wellt, or any damages whatsoever, irrespective of qause, growing out of or to any way including the failure to displace plug to proper depth, (ii) sub-surface pressure and resulting failure to complete pumping of furnish down hole tools and may supply supervision for the running and plucement of such tools but will not be liable for connected with the use of radioactive material in the well hole; and (4) well damage or reservoir damage caused by (i) loss of gross negligence of COWS Customer shall be responsible for and indemnity and hold (COWS harmless from any claim for: reservoir loss or damage, or property damage resulting from sub-surface pressure, losing control of the well and/or a well blowout, (2) damages as a result of a subsurface trespass, or an action in the nature thereof, arising from a service operation performed by COWS; (3) ihjury to or death of persons, other than employees of COWS, or damage to property (including, circulation, coment invasion, content misplacement, putuping concist or content plugs on wells with loss of circulation, cement or coment plug, including dehydration of coment shurry or flashing, plugged float shipe, annulus bridging or plugging, or (iii) down hole tools being tost or left in the well, or becoming stuck in the well for any reason and by any cause. COWS may any damage, loss or result caused by the use of such tools. (b) Unless a claim is the result of the sole willful misconduct or

Furthermore, Customer will be responsible for the cost to replace such tools if they are lost or left in the well.

1

(c) COWS makes no guarantee of the effectiveness of any COWS' products, supplies or materials, or the results of any COWS' treatment or services.

quat damage arising from the use of such information except where due to COWS' gross negligence or willful misconduct in the preparation or furnishing of it. furnished by others, COWS is unable to guarantee the accuracy personnel will use their best efforts in gathering such information and their best judgement in interpreting it, but Customer agrees that COW'S shall not be responsible for any on facts and supporting services (d) Because of the uncertainty of variable well conditions and recommendation or other data furnished by COWS. COWS: analysis. research chart interpretation. necessity of relying any the 5

(e) COWS may buy and re-sell to Customer down hole equipment, including but not funited to float equipment, DV tools, port collars, type A & B packers, and Customer agrees that COWS is not an agent or dealer for the companies who manufacture such items, and further agrees that Customer shull be solely responsible for and indemnify COWS against any claim with regard to the effectiveness, malfunction of, or functionafity of such items.

WARRANTIES - LIMITATION OF LIABILITY

COWS warrants title to the products, supplies and materials, and that the same are free from defects in workmanship and materials. THERE ARE NO OTHER WARRANTES, EXPRESS OR 1MPLIED, NOR ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR PURPOSE, WHICH EXTEND BEYOND THOSI: STATED IN THE IMMEDIATELY PRECEDING SENTENCE. COWS's fiability and Customer's exclusive tennedy in any claim (whether in contract, fort, breach of warranty or otherwise.) arising out of the safe or use of any COWS' products, supplies, materials or services is expressly limited to the replacement of sachproducts, supplies, materials or services or their return to COWS ou, at COWS' option, an allowance to Customer of credit for the cost of such items.

Customer warves and releases all claims agamet (TWS for any special, meidental, induced, consequential or punitive damages.

ER 48318 180 180 EPPShell PANGE COUNTY 15 E Prown TRUCK# DRIVER TRUCK# DRIVER TRUCK# DRIVER TRUCK# DRIVER TRUCK# DRIVER COUNTY COU	UNIT PRICE TOTAL 1085,00 1085,00 1410 110 71600 13.18 2240.60 13.18 1541,00 13.18 2240.60	Sud to tail 4971, 20 SALES TAX 183, 19 ESTIMATED 5154, 39 DATE 5154, 39 DATE 5154, 39 or or in the customer's
ET NUMBI ATION EMAN J EMAN J SAN SIZE & W NG SIZE & W SU SU S	DESCRIPTION of SERVICES or PRODUCT RGE CE 0457 CE 0002 0 POZMIX - CE 5842 CE 5965	Auch of the payment herms, 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
IM 2831 IM 2831 MUE FIELD TICKET & 275 WELL NAME & NUMBER WELL NAME & NUMBER WELL NAME & NUMBER MIC 27 MIC 27 MIC 210 MIC 421 MIC 421 MIC 421 MIC 421 MIC 40 MIC	1 PUMP CHA OD MILEAGE IEN3 TAN SKS 60/41	TITLE TITLE
Сонтор Сонтарии во во 884, Спапице, КS 66720 во 884, Спапице, KS 66720 во 467-8676 росазназон сизтомен	ACCOUNT QUANITY OF UNITS 5405 N 5406 5406 1118 B 1118 B 1118 B 700	Hedin 3737 Hedin 3737 AUTHORIZTION