

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONFIDENTIAL

Operator: License # 33397
 Name: Running Foxes Petroleum Inc.
 Address: 14550 East Easter Ave., Ste. 1000
 City/State/Zip: Centennial, CO 80112
 Purchaser: Southern Star
 Operator Contact Person: Steven Tedesco
 Phone: (303) 617-7242
 Contractor: Name: McGown Drilling, Inc.
 License: 5786
 Wellsite Geologist: _____
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

03-12-04	03-25-04	03-25-04
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

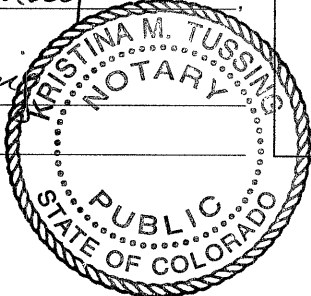
API No. 15 - 011-22965-00-00
 County: Bourbon
 C SE SE Sec. 15 Twp. 26 S. R. 23 East West
660630 feet from (S) N (circle one) Line of Section
660426 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Schaff Well #: 16-15
 Field Name: Petersberg East
 Producing Formation: Cherokee Coals
 Elevation: Ground: 887 Kelly Bushing: _____
 Total Depth: 480' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 20 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 400
 feet depth to surface w/ _____ sx cmt.

Drilling Fluid Management Plan *ALT II WITH 2-10-02*
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used _____
 Location of fluid disposal if hauled on site: **RECEIVED**
 KANSAS CORPORATION COMMISSION
 Operator Name: _____ **MAY 05 2004**
 Lease Name: _____ License No.: _____
 CONSERVATION DIVISION
 Quarter _____ Sec. _____ Twp. _____ S. WICHITA, KS East West
 County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: [Signature]
 Title: President Date: May 3, 2004
 Subscribed and sworn to before me this 3rd day of May
20 04
 Notary Public: [Signature]
 Date Commission Expires: 5-22-04



KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

✓

X

Operator Name: Running Foxes Petroleum Inc. Lease Name: Schaff Well #: 16-15
 Sec. 15 Twp. 26 S. R. 23 East West County: Bourbon

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:

Dual Compensated Porosity Log
 Dual Induction

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Excello	111	776
Mississippian	488	399

See mudlog for additional info

CASING RECORD <input checked="" 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
Surface	12 1/4"	10"	20	20'	Portland	5	none
Long String	9 1/4"	7"	16	400'			

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD	Size 2 3/8	Set At 400	Packer At NA	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. <u>Awaiting pipeline hook up</u>	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity
	10 0

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
 (If vented, Submit ACO-18.) Other (Specify) _____

CONSOLIDATED OIL WELL SERVICES, INC.

.....
AN INFINITY COMPANY

211 W. 14th. P.O. Box 884 Chanute, KS 66720 • 320/431-9210 • 1-800-467-8676

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INVOICE DATE	INVOICE NO.
03/19/04	00189353

UNNING FOX
4550 E. EASTER AVE, SUITE 1000
CENTENNIAL CO 80112

TERMS: Net 30 Days
A Finance Charge computed at 1% per month (annual percentage rate of 12%) will be added to balances over 30 days.

EASE REFER TO THIS ACCOUNT NUMBER WHEN MAKING INQUIRIES

PO NO.	LOCATION	LEASE AND WELL NO.	DATE OF JOB	JOB TICKET NO.			
1191	20	SCHAFF 16-15	03/16/2004	22075			
NUMBER			DESCRIPTION	UNITS	UNIT PRICE	UNIT MEAS	EXTENDED PRICE
			CEMENT PUMPER	1.0000	525.0000	EA	525.00
			CASING FOOTAGE	229.0000	.0000	EA	.00
			PREMIUM GEL	3.0000	11.8000	SK	35.40
			CALCIUM CHLORIDE (50#)	2.0000	34.0000	SK	68.00
			BULK CEMENT DELIVERY/MIN BULK DEL	1.0000	190.0000	EA	190.00
			80 BBL VACUUM TRUCK	3.5000	75.0000	HR	262.50
			50/50 POZ CEMENT MIX	43.0000	6.6000	SK	283.80
				TAX			24.39



211 W. 14TH STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER 22015

LOCATION Ottawa

FIELD TICKET

DATE 3-16-04 CUSTOMER ACCT # 10910 WELL NAME Schaff 16.15 QTR/OTR SE SECTION 15 TWP 26 RGE 22 COUNTY BB FORMATION

CHARGE TO Running Fox OWNER

MAILING ADDRESS 14550 E. Easter Ave. Ste 1000 OPERATOR Mike Grey

CITY & STATE Centennial Co 80112 CONTRACTOR McGowan

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1	PUMP CHARGE		525 ⁰⁰
3402	229'	Casing footage	.14	MC
1118	3.5x	premium gel		3540
1102	2.9x	calcium chloride		6800
5407	mi	BLENDING & HANDLING TON-MILES from closest camp		190 ⁰⁰
5502	3 1/2	STAND BY TIME MILEAGE WATER TRANSPORTS		262 ⁵⁰
1124	43 5x	VACUUM TRUCKS FRAC SAND CEMENT 9oz mix 50/50 6.3%		283 ⁸⁰
		SALES TAX		24 ³⁹

ESTIMATED TOTAL ~~1389.09~~

CUSTOMER or AGENTS SIGNATURE

OIS FOREMAN

Alan Mader

CUSTOMER or AGENT (PLEASE PRINT)

DATE

3-16-04

189354