

ORIGINAL

AMENDED

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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Operator: License # 33397  
 Name: Running Foxes Petroleum Inc.  
 Address: 14550 East Easter Ave., Ste 1000  
 City/State/Zip: Centennial, CO 80112  
 Purchaser: Unknown  
 Operator Contact Person: Steven A. Tedesco  
 Phone: (303) 617-8919  
 Contractor: Name: McGowan Drilling  
 License: 5786  
 Wellsite Geologist: Chris Ryan  
 Designate Type of Completion: RECEIVED  
 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. \_\_\_\_\_  
 5/24/04 5/26/04 S-26-04  
 Spud Date or 7/13/04  
 Recompletion Date Completion Date or  
 Recompletion Date

API No. 15 - 011-22978 - 0000  
 County: Bourbon  
 \_\_\_\_\_ Se \_\_\_\_\_ Sec. 6 Twp. 25 S. R. 24  East  West  
660 feet from S / N (circle one) Line of Section  
600 feet from E / W (circle one) Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 (circle one) NE SE NW SW  
 Lease Name: Hoener Well #: 16-6  
 Field Name: Devon  
 Producing Formation: Mississippian  
 Elevation: Ground: 871 Kelly Bushing: \_\_\_\_\_  
 Total Depth: 512 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  
 Alternate II completion, cement circulated from \_\_\_\_\_  
 feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.  
ALT II WHM 11-27-06  
**Drilling Fluid Management Plan**  
 (Data must be collected from the Reserve Pit)  
 Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
 Dewatering method used air dry  
 Location of fluid disposal if hauled offsite: \_\_\_\_\_  
 Operator Name: \_\_\_\_\_  
 Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
 Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
 County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

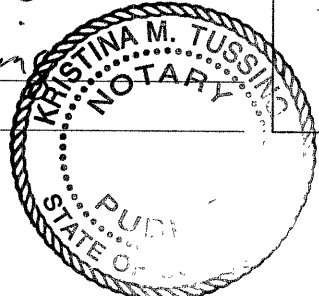
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KANSAS CORPORATION COMMISSION  
AUG 10 2004  
CONSERVATION DIVISION  
WICHITA, KS  
KCC  
AUG 08 2004  
CONFIDENTIAL

**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.

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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: August 8, 2004  
 Subscribed and sworn to before me this 8th day of August,  
 20 04.  
 Notary Public: [Signature]  
 Date Commission Expires: 5-22-08



**KCC Office Use ONLY**

Letter of Confidentiality Received  
 If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

✓

Operator Name: Running Foxes Petroleum Inc. Lease Name: Hoener Well #: 16-6  
 Sec. 6 Twp. 25 S. R. 24  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:

Log Formation (Top), Depth and Datum  Sample

Name	Top	Datum
Cherokee	98	773
Mississippian	491	380

Dual Induction  
 Dual Compensated Porosity Log

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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							CONSERVATION DIVISION WICHITA, KS
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 Casing	9 5/8"	8 5/8"	25	20'	Portland	4	None
Production	6 1/4"	4 1/2"	10	505	Portland	68	2% Gel, 3/4 Flo

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 <i>(Amount and Kind of Material Used)</i>	Depth
4	453-475'	500 gals of Acid, 15 bbls of 2% KCL	453-475

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8	430	None	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr.	Producing Method
Awaiting Pipeline Construction 7-13-04	<input type="checkbox"/> Flowing <input checked="" 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
	0	16	10		

Disposition of Gas  Vented  Sold  Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify)

Production Interval

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CONSOLIDATED OIL WELL SERVICES, INC.  
 211 W. 14TH STREET, CHANUTE, KS 66720  
 620-431-9210 OR 800-467-8676

TICKET NUMBER 31603  
 LOCATION Chanute  
 FOREMAN Dwayne

TREATMENT REPORT

DATE <u>5/26/04</u>	CUSTOMER #	WELL NAME <u>Homer</u>	FORMATION
SECTION <u>6</u>	TOWNSHIP <u>25</u>	RANGE <u>24</u>	COUNTY <u>Now Ariz</u>
CUSTOMER <u>Dorado</u>			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>147</u>	<u>Herb</u>		
<u>230</u>	<u>John</u>		
<u>106</u>	<u>Chris</u>		

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WELL DATA	
HOLE SIZE <u>6 3/4</u>	PACKER DEPTH
TOTAL DEPTH <u>512</u>	PERFORATIONS
	SHOTS/FT
CASING SIZE <u>4 1/2</u>	OPEN HOLE
CASING DEPTH	
CASING WEIGHT	TUBING SIZE
CASING CONDITION	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA <u>Cement Pump</u>	

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISP. PUMP	<input type="checkbox"/>
<input type="checkbox"/> OTHER	<input type="checkbox"/>

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTION PRIOR TO JOB Break circulation Pump 1 Sack Prim Gel Followed by a 5 BBRL Pad Then 4 BBRL Dye then started cement Pumped 20 Sacks to get Old pack. Stop and wash out Pump then Pump Plug to Bottom and set

AUTHORIZATION TO PROCEED

TITLE

Float shoe

DATE

TIME AM / PM	STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
							BREAKDOWN PRESSURE
							DISPLACEMENT
							MIN PRESSURE
							MIN PRESSURE
							ISIP
							15 MIN. <u>1753.3</u>
							MAX RATE
							MIN RATE

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