

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

Operator: License # 33397
 Name: Running Foxes Petroleum Inc.
 Address: 7060B South Tucson Way
 City/State/Zip: Centennial, CO 80112
 Purchaser: _____
 Operator Contact Person: Steven Tedesco
 Phone: (303) 617-7242
 Contractor: Name: McGowan Drilling
 License: 5786
 Wellsite Geologist: Greg Bratton
 Designate Type of Completion:
 _____ New Well _____ Re-Entry _____ Workover
 Oil _____ SWD _____ SIOW _____ Temp. Abdr.
 _____ 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. _____

<u>7/19/2007</u>	<u>7/26/2007</u>	<u>TBA</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

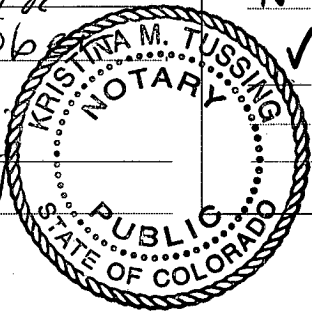
API No. 15 - 011-23256-0000
 County: Bourbon
 SE SE SE SE Sec. 36 Twp. 24 S. R. 23 East West
346 feet from S N (circle one) Line of Section
420 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Vogel Well #: 16-36D
 Field Name: Wildcat
 Producing Formation: Bartlesville
 Elevation: Ground: 842' Kelly Bushing: NA
 Total Depth: 498' 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 Air II NH 7-23-08
 (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.: _____

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: 10/19/07
 Subscribed and sworn to before me this 18th day of October
 20 07.
 Notary Public: [Signature]
 Date Commission Expires: 5-22-08



KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received **KANSAS CORPORATION COMMISSION**
 Geologist Report Received
 UIC Distribution
OCT 22 2007
 CONSERVATION DIVISION
 WICHITA, KS

Operator Name: Running Foxes Petroleum Inc. Lease Name: Vogel Well #: 16-36D
 Sec. 36 Twp. 24 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:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 Excello 112' 730'
 Upper Bartlesville 332' 510'
 Mississippian 468' 374'

Density Neutron, Dual Induction, Gamma Ray

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
Surface	12.25"	8 5/8"	24 LBS	20'	Quickset	20	Kolseal
Production	6 3/4"	4 1/2"	10.5 LBS	494'	Quickset	70	Kolseal/gel

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
	Waiting on Completion		
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WICHITA, KS			

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr.	Producing Method
	<input 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

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) _____

FED ID#
 MC ID.# 156212
 Shop # 620 437-2661
 Cellular # 620 437-7582
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3613A Y Road
 Madison, KS 66860

Hurricane Truck Services, Inc.
 P.O. Box 782228
 Wichita, KS 67278-2228

Cement and Acid
 Service Ticket
 T 1970

DATE 7-26-07

COUNTY BOUCCO CITY _____

CHARGE TO Running Foxes

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. VOGEL 16-360 CONTRACTOR M'Gowan Dils.

KIND OF JOB Longstring SEC. _____ TWP. _____ RNG. _____

DIR. TO LOC. 3rd Job of 4 OLD NEW

Quantity	MATERIAL USED	Serv. Charge	700.00
70 SKs	Quick Set cement		967.40
200 lbs	KOL-SEAL 4" P/SK		75.00
100 lbs	Gel Flush		18.00
	BULK CHARGE		
4 Ton	BULK TRK. MILES <u>or 90 miles</u>		342.00
0	PUMP TRK. MILES		n/c
1	PLUGS 4 1/2" Top Rubber		35.00
		6.3% SALES TAX	69.01
		TOTAL	2206.41

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T.D. 499'

CSG. SET AT 494' VOLUME 7.85 Bbls.

SIZE HOLE 6 3/4"

TBG SET AT _____ VOLUME _____

MAX. PRESS. _____

SIZE PIPE 4 1/2" - 10.5 lb.

PLUG DEPTH _____

PKER DEPTH _____

PLUG USED _____

TIME FINISHED _____

REMARKS: Rig up to 4 1/2" casing, Break circulation with 10 Bbls. water, 5 Bbl. Gel Flush, 15 Bbl. Water Spacer, Mixed 70 SKs Quick Set cement w/ 4" P/SK of KOL-SEAL or 13.8 1/2 P/SK - shut down wash out pump & lines - Release Plug - Displace Plug with 7 3/4 Bbls water. Final Pumping at 400 PSI - Bumped Plug to 1000 PSI - wait 2 minutes - Release Pressure Float Held - close casing in w/ 0 PSI Good cement returns to surface w/ 4 Bbl slurry

EQUIPMENT USED

NAME Dan Kimbrell UNIT NO. 185

NAME Bryan - J. Barr UNIT NO. #91

Brad Butler
 CEMENTER OR TREATER

called by Randy
 OWNER'S REP.