

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1

September 1999

Form Must Be Typed

WELL COMPLETION FORM

ORIG!

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. 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. _____

<u>8/8/2007</u>	<u>8/13/2007</u>	<u>TBA</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 011-23275-0000
 County: Bourbon
NW NE NW Sec. 1 Twp. 25 S. R. 23 East West
330 feet from S / (circle one) Line of Section
1650 feet from E / (circle one) Line of Section

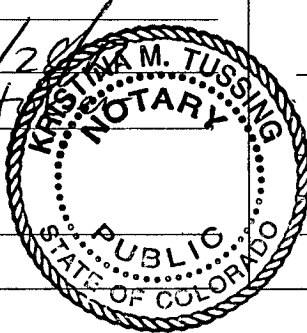
Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Phillips Well #: 3-1B
 Field Name: Wildcat
 Producing Formation: Bartlesville
 Elevation: Ground: 852 Kelly Bushing: NA
 Total Depth: 520 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented 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 AIF II NH 7-22-08
 (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: 10/28/07
 Subscribed and sworn to before me this 28th day of October
2007
 Notary Public: [Signature]
 Date Commission Expires: 5-22-08



KCC Office Use ONLY

Letter of Confidentiality Received **RECEIVED**
 If Denied, Yes Date: _____ KANSAS CORPORATION COMMISSION

Wireline Log Received
 Geologist Report Received
 UIC Distribution

OCT 31 2007
 CONSERVATION DIVISION
 WICHITA, KS

Operator Name: Running Foxes Petroleum Inc. Lease Name: Phillips Well #: 3-1B
 Sec. 1 Twp. 25 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	160'	692'
Upper Bartlesville	374'	478'
Upper Riverton	500	352'

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	27'	Thickset	19	Kolseal
Production	6 3/4"	4 1/2"	10.5 LBS	501'	Thickset	66	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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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) _____

CONSOLIDATED OIL WELL SERVICES, INC.

P.O. BOX 884, CHANUTE, KS 66720

620-431-9210 OR 800-467-8676

TICKET NUMBER 15596

LOCATION Ottawa KS

FOREMAN Fred Mader

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/14/07	6960	Phillips # 3-1B	1	25	23	BB
CUSTOMER Running Foxes Petroleum			TRUCK #			
MAILING ADDRESS 7060B S. Tucson Way			DRIVER			
CITY Centennial			TRUCK #			
STATE CO			DRIVER			
ZIP CODE 80112			TRUCK #			
JOB TYPE Longstring			DRIVER			
HOLE SIZE 6 3/4			TRUCK #			
HOLE DEPTH 520'			DRIVER			
CASING DEPTH 501'			TRUCK #			
DRILL PIPE			DRIVER			
TUBING			TRUCK #			
OTHER			DRIVER			
SLURRY WEIGHT			TRUCK #			
SLURRY VOL			DRIVER			
WATER gal/sk			TRUCK #			
CEMENT LEFT in CASING 4 1/2 Plug			DRIVER			
DISPLACEMENT 7.95 BBL			TRUCK #			
DISPLACEMENT PSI			DRIVER			
MIX PSI			TRUCK #			
RATE 4 BPM			DRIVER			

REMARKS: check casing depth w/ wireline. Mix + Pump 100# Premium Gel Flush. Mix + Pump 70 sks Thickset Cement w/ 5# Kol Seal per sack. Flush pump & lines clean. Displace 4 1/2" Rubber plug to casing TD w/ 7.95 BBL Fresh water. Pressure to 500# PSI Release pressure to set Float valve. Check plug depth w/ wire line.

McGowan Drilling.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump 164		240.00
5406	70 mi	MILEAGE Pump Truck 164		231.00
5407A	3.29 Ton	Ten Mileage (Less than mix) 122		253.31
5502C	2 1/2 hrs	80 BBL Vac Truck 369		225.00
1126A	66 sks	Thickset Cement		1016.40
1110A	350 #	Kol Seal		133.00
4404	1	4 1/2" Rubber Plug		40.00
1107	18 #	Flo Seal		34.20
1118B	100 #	Premium Gel		15.00
		Sub Total		2787.91
		Tax @ 6.3%		178.03

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AUTHORIZATION Earl Bartholomew by phone

TITLE W# 215592

SALES TAX ESTIMATED TOTAL 2865.94
DATE 8/14/07