

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: Hat Drilling
License: 33734

Wellsite Geologist: Greg Bratton
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. _____

<u>5/24/2007</u>	<u>5/25/2007</u>	<u>TBA</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 011-23260-0000
County: Bourbon
SE SW NE _____ Sec. 36 Twp. 24 S. R. 23 East West
2310 feet from S N (circle one) Line of Section
1650 feet from E W (circle one) Line of Section

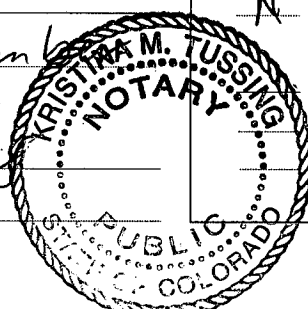
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Graham Well #: 7-36D
Field Name: Wildcat
Producing Formation: Bartlesville
Elevation: Ground: 879' Kelly Bushing: NA
Total Depth: 556' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 551
feet depth to 0 w/ 75 ^{sq. cm.}
AKZ-Dig-1/2/08

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.: _____

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: 12/6/07
Subscribed and sworn to before me this 6th day of December
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
 Geologist Report Received
 JIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION
DEC 10 2007

Operator Name: Running Foxes Petroleum Inc. Lease Name: Graham Well #: 7-36D
 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Excello	189'	690'
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upper Bartlesville	397'	482'
List All E. Logs Run:		Mississippian	530'	349'

Gamma Ray, Density Neutron, Dual Induction

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	551'	Quickset	75	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 <i>(Amount and Kind of Material Used)</i>	Depth
	Waiting on Completion		

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 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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KANSAS CORPORATION COMMISSION

DEC 10 2007

CONSERVATION DIVISION
WICHITA, KS

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 1875

DATE 5-26-07

COUNTY BOUCCO CITY _____

CHARGE TO Running Foxes

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Graham 7-36D CONTRACTOR _____

KIND OF JOB long string SEC. _____ TWP. _____ RNG. _____

DIR. TO LOC. 1st Job of 2 OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			700.00
75 sks	Quick Set cement (8# Gyp Seal, 22 CACl ₂ , 22 Gel)		1036.50
300 lbs	KOI-SEAL 4# P/SK		75.00
100 lb.	Gel Flush		18.00
	BULK CHARGE		
4.28 Ton	BULK TRK. MILES <u>at 90 miles</u>		365.94
0	PUMP TRK. MILES <u>Truck on location</u>		N/C
1	PLUGS <u>4 1/2" Top Rubber</u>		35.00
		6.3% SALES TAX	73.36
		TOTAL	2303.80

T.D. 556'
 SIZE HOLE 6 3/4"
 MAX. PRESS. _____
 PLUG DEPTH _____
 PLUG USED _____

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 CONSERVATION DIVISION
 WICHITA, KS

CSG. SET AT 551' VOLUME 8.76 Bbls.
 TBG SET AT _____ VOLUME _____
 SIZE PIPE 4 1/2" - 10.5 lb.
 PKER DEPTH _____
 TIME FINISHED _____

REMARKS: Rig up to 4 1/2" casing, Break circulation with 5 Bbls water, Pumped 5 Bbls Gel Flush, followed with 15 Bbls water spacer, Mixed 75 sks. Quick Set cement w/ 4# P/SK of KOI-SEAL or 13.8 lb. P/SEAL. Shut down - wash out Pump & Lines - Release Plug - Displace Plug with 8 3/4 Bbl. water. Final Pumping @ 400 PSI - Bumped Plug to 900 PSI - wait 2 minutes - Release Pressure. Float Hold - close casing w/ 0 PSI - Good cement returns to Surface with 4 Bbl slurry.
Roady T.

EQUIPMENT USED

NAME <u>Drew Kimberlin</u>	UNIT NO. <u>185</u>	NAME <u>Beyan</u>	UNIT NO. <u>186</u>
_____ CEMENTER OR TREATER		_____ OWNER'S REP.	