

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL 3/13/11

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33397
Name: Running Foxes Petroleum
Address 1: 7060 S TUCSON WAY Suite B
Address 2: _____
City: CENTENNIAL State: CO Zip: 80112 + _____
Contact Person: Kent Keppel
Phone: (303) 617-7242
CONTRACTOR: License # 33715
Name: Town Oil Services
Wellsite Geologist: Greg Bratton
Purchaser: _____
Designate Type of Completion:
____ New Well ____ Re-Entry ____ Workover
____ Oil ____ SWD ____ SIOW
____ Gas ____ ENHR ____ SIGW
 CM (Coal Bed Methane) ____ Temp. Abd.
____ 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. ____ Conv. to SWD
____ Plug Back: _____ Plug Back Total Depth _____
____ Commingled Docket No.: _____
____ Dual Completion Docket No.: _____
____ Other (SWD or Enhr.?) Docket No.: _____
11/17/2008 11/19/2008 11/24/2008
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-011-23442-00-00
Spot Description: _____
NE SE SW NE SE Sec. 34 Twp. 23 S. R. 22 East West
1875 Feet from North / South Line of Section
675 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Bourbon
Lease Name: Danley Well #: 9-34 CBM
Field Name: Xenia
Producing Formation: Bartlesville
Elevation: Ground: 1014' Kelly Bushing: _____
Total Depth: 878' Plug Back Total Depth: 862'
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: _____
feet depth to: _____ w/ AT-2-Oil - 4/13/09^{15x} cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
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: Fred Fygel
Title: Landman Date: 3-13-2009
Subscribed and sworn to before me this 13th day of March, 2009.
Notary Public: Karla Peterson
Date Commission Expires: _____
KARLA PETERSON
NOTARY PUBLIC
STATE OF COLORADO
My Commission Expires November 9, 2011.

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
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MAR 16 2009

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MAR 13 2009

Operator Name: Running Foxes Petroleum

Lease Name: Danley

Well #: 9-34 CBM

Sec. 34 Twp. 23 S. R. 22 East West

County: Bourbon

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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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i></p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i></p> <p>List All E. Logs Run: Density Neutron, Dual Induction, Gamma Ray</p>	<p><input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Excello</td> <td>411'</td> <td>603'</td> </tr> <tr> <td>Upper Bartlesville</td> <td>608'</td> <td>406'</td> </tr> <tr> <td>Mississippian</td> <td>768'</td> <td>246'</td> </tr> </table>	Name	Top	Datum	Excello	411'	603'	Upper Bartlesville	608'	406'	Mississippian	768'	246'
Name	Top	Datum											
Excello	411'	603'											
Upper Bartlesville	608'	406'											
Mississippian	768'	246'											

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	12.25"	8.625"	24lbs.	20'	Quickset	12	KolSeal
Production	6.75"	4.5"	10.5lbs.	862'	Quickset	105	KolSeal Gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" 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 records		

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TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed 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

<p>DISPOSITION OF GAS:</p> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<p>METHOD OF COMPLETION:</p> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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MC ID # 165290
 Shop # 620 437-2661
 Cellular # 620 437-7582
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3613A Y Road
 Madlson, KS 66860

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

Cement, Acid or Tools
 Service Ticket
 02867

DATE 11-24-08

COUNTY BOUCCO CITY _____

CHARGE TO Running Foxes

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Dawley # 9-34 CBM CONTRACTOR _____

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

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge
105 sks	Quick Set cement	700.00
420 lbs	KOI-SEAL 4" 1 1/2" SK	1512.00
200 lbs	Gel Flush	40.00
4 Hrs	Water Trk #123	320.00
90	miles - Trk #107	135.00
	BULK CHARGE	
6.08 Ton	BULK TRK. MILES	601.92
90	PUMP TRK. MILES	270.00
	Rental on wire line	50.00
1	PLUGS 4 1/2" Top Rubber	35.00
	6.3% SALES TAX	107.92
	TOTAL	3897.84

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T.D. 878'

CSG. SET AT 862' VOLUME 13 3/4 Bbls

SIZE HOLE 6 3/4"

TBG SET AT _____ VOLUME _____

MAX. PRESS. _____

SIZE PIPE 4 1/2"

PLUG DEPTH _____

PKER DEPTH _____

PLUG USED _____

TIME FINISHED _____

REMARKS: Rig up to 4 1/2" casing, Break circulation with 20 Bbls water, 10 Bbl Gel Flush, Circulate Gel around to condition Hole, Mixed 105 sks Quick Set cement w/ 4" 1 1/2" sk of KOI-SEAL Shut down - washout Pump lines - Release Plug - Displace Plug with 13 3/4 Bbls water Final Pumping at 500 PSI - Bumped Plug to 1000 PSI - wait 2 minutes - Release Pressure Float Held - close casing w/ OPST Good cement returns w/ 6 Bbl slurry

EQUIPMENT USED

NAME Kelly Kimberlin UNIT NO. #185 NAME Rodger Mark UNIT NO. #186
Clayton #193
Brad Butler HSI REP. witnessed by Rick OWNER'S REP.