

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

6/10/11
Form AGO-1
October 2008
Form Must Be Typed

ORIGINAL

OPERATOR: License # 33397
Name: Running Foxes Petroleum, Inc.
Address 1: 7060-B S. Tucson Way
Address 2: _____
City: Centennial State: CO Zip: 80112 + _____
Contact Person: Kent Keppel
Phone: (720) 889-0510 CONFIDENTIAL
CONTRACTOR: License # 5786 JUN 10 2009
Name: McGown Drilling
Wellsite Geologist: Greg Bratton KOG

API No. 15 - 011-23506-00-00
Spot Description: _____
SE SW SW NE Sec. 36 Twp. 24 S. R. 23 East West
2475 Feet from North / South Line of Section
2145 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Bourbon
Lease Name: Graham Well #: 7-36C-INJ 2
Field Name: Wildcat

Purchaser: _____
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
(Core, WSW, Expl., Cathodic, etc.)

Producing Formation: Bartlesville
Elevation: Ground: 880' Kelly Bushing: _____
Total Depth: 582' Plug Back Total Depth: 557'
Amount of Surface Pipe Set and Cemented at: 22' 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.

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.: _____
2/12/2009 2/13/2009 waiting on completion
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit) **FORMS 7-9-09**
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: [Signature]
Title: Landman Date: 6-10-2009
Subscribed and sworn to before me this 10th day of June, 2009.
Notary Public: [Signature]
Date Commission Expires: _____

KARLA PETERSON
NOTARY PUBLIC
STATE OF COLORADO
My Commission Expires November 9, 2011

(Mr. AF stat. by RS)
KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
JUN 11 2009

KCC WICHITA

Operator Name: Running Foxes Petroleum, Inc. Lease Name: Graham Well #: 7-36C-INJ 2
 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Dual Induction, Compensated Neutron, Gamma Ray	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum Excello 187' 693' Bartlesville 450' 430' Mississippian 536' 344'
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CONFIDENTIAL

JUN 10 2009

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"	8.625"	24 lbs.	22'	Quickset	12	Quickset
Production	6.25"	2.875"	6.5 lbs	557'	Quickset	72	Kol-Seal 4%

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
		RECEIVED JUN 11 2009 KCC WICHITA	

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 _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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1#
 MC ID # _____
 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 Services, Inc.
 P.O. Box 782228
 Wichita, KS 67278-2228

Cement, Acid or Tools
 Service Ticket
 3006

DATE 2-18-09

COUNTY BOUCE CITY _____

CHARGE TO Running Foxes

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Graham # 7-36C INJ 2 CONTRACTOR _____

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

DIR. TO LOC. 2nd well of 2 OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
		700.00	
72 SKS	QuickSet cement	1,188.00	
290 lbs	KO1-SEAL 4" P 1/2 SK	130.50	
100 lbs	Gel / Flush Ahead	25.00	
2 Hrs	Water Truck #193	160.00	
4.16 Ton	BULK TRK. MILES	411.84	
0	PUMP TRK. MILES Trk. on location	N/C	
1	Rental on wireline PLUGS 2 7/8" Top Rubber	50.00 17.00	
		6.3% SALES TAX	85.71
		TOTAL	2768.05

T.D. 582' CSG. SET AT _____ VOLUME _____
 SIZE HOLE _____ TBG SET AT 557' VOLUME 3 1/2 Bbls.
 MAX. PRESS. _____ SIZE PIPE 2 7/8" - 8"
 PLUG DEPTH _____ PKER DEPTH _____
 PLUG USED _____ TIME FINISHED _____

REMARKS: Rig up to 2 7/8" Tubing, Break circulation with fresh water, 5 Bbl. Gel Flush, followed with 10 Bbl. water, Mixed 72 SKS QuickSet cement w/ 4" KO1-SEAL. shut down wash out pumps lines - Release plug - Displace plug with 3 1/4 Bbls water. Final Pumping at 350 PSI - Pumped plug to 1100 PSI - close Tubing w/ 1100 PSI Good cement returns w/ 3 Bbl. slurry

EQUIPMENT USED

NAME	UNIT NO.	NAME	UNIT NO.
<u>Kelly Kimberlin</u>	<u>185</u>	<u>Jerry #186, Rodger #193</u>	
<u>Brad Butler</u>		<u>Witnessed by Rick</u>	
HSI REP.		OWNER'S REP.	