

ORIGINAL

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

6/17/11

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: Steven A. Tedesco

Phone: (720) 889-0510

CONTRACTOR: License # 5786

Name: McGown Drilling

Wellsite Geologist: Greg Bratton

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.)

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.: _____

2/7/2009 2/9/2009 2/13/2009

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 011-23468-00-00

Spot Description: _____

SW SE SE NW Sec. 36 Twp. 24 S. R. 23 East West

2325 Feet from North / South Line of Section

2010 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Bourbon

Lease Name: Graham Well #: 6-36D-3

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 884' Kelly Bushing: _____

Total Depth: 360' Plug Back Total Depth: 334'

Amount of Surface Pipe Set and Cemented at: 21' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 360

feet depth to: _____ w/ 55

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: 6-22-2009

Subscribed and sworn to before me this 22nd day of June

20 09

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

KANSAS CORPORATION COMMISSION

JUN 23 2009

RECEIVED

Operator Name: Running Foxes Petroleum, Inc. Lease Name: Graham Well #: 6-36D-3
 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: No Logs Ran	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum Excello 166' 718' Bartlesville KCC 350' 334' JUN 17 2009 CONFIDENTIAL
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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"	7"	15 lbs	21'	Quickset	15	Quickset
Production	6.25"	2.875"	6.5 lbs	360'	Quickset	55	Quickset

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

KANSAS CORPORATION COMMISSION
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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 Bbbls.	Gas Mcf

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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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
 Madison, KS 66860

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

Cement, Acid or Tools
 Service Ticket
 3013

DATE 2-20-09

COUNTY BOUCCO CITY _____

CHARGE TO Running Foxes
 ADDRESS _____ CITY _____ ST _____ ZIP _____
 LEASE & WELL NO. Graham #6-360-3 CONTRACTOR _____
 KIND OF JOB Longstring SEC. _____ TWP. _____ RNG. _____
 DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
		700.00	
			KCC
55 SKS	Quick Set cement	907.50	JUN 17 2009
			CONFIDENTIAL
2	Hos. water Truck #193	160.00	KANSAS CORPORATION COMMISSION
			JUN 23 2009
	BULK CHARGE		RECEIVED
302 Trk	BULK TRK. MILES	298.98	
0	PUMP TRK. MILES Trk in field	N/C	
	PLUGS		
		6.3% SALES TAX	57.17
		TOTAL	2123.65

T.D. _____ CSG. SET AT _____ VOLUME _____
 SIZE HOLE _____ TBG SET AT 331' VOLUME 1.92 Bbls
 MAX. PRESS. _____ SIZE PIPE 2 7/8"
 PLUG DEPTH _____ PKER DEPTH 334'
 PLUG USED _____ TIME FINISHED 12:00 p.m.

REMARKS: Rig up to Tubing with Packer set at 334', Pumped fresh water ahead to break circulation. Mixed 55 SKS Quick Set cement, shut down - close valve on tubing (12' Above surface) Knock hose off - wash pump & lines out - hook back up to tubing - open valve on tubing Displace cement out of tubing with 2 1/4 Bbls water. Shut down - close tubing in. Good cement returns w/ 2 Bbl slurry Job complete

EQUIPMENT USED

NAME <u>Kelly Kimberlin</u> /	UNIT NO. <u>185</u>	NAME <u>Rodger #186, Tim #193, Keith</u> /	UNIT NO. _____
<u>Brad Butler</u>		<u>witnessed by Shawn</u>	
HSI REP.		OWNER'S REP.	