

JUL 14 2009

Form ACO-1
October 2008
Form Must Be Typed

CONFIDENTIAL

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

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WELL COMPLETION FORM

ORIGINAL

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: Kent Keppel
 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 _____ SIOW
 _____ Gas _____ ENHR _____ SIGW
 _____ CM (Coal Bed Methane) _____ Temp. Abd.
 _____ Dry _____ Other _____
(Core, WSW, Expl., Cathodic, etc.)

API No. 15 - 011-23470-00-00
 Spot Description: _____
NE SE NE Sec. 1 Twp. 25 S. R. 23 East West
1650 Feet from North / South Line of Section
330 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Bourbon
 Lease Name: Gross Well #: 8-1A
 Field Name: Devon
 Producing Formation: Bartlesville
 Elevation: Ground: 883' Kelly Bushing: _____
 Total Depth: 522' Plug Back Total Depth: 498'
 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 cm.

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.: _____
3/26/2009 3/27/2009 _____ Waiting on Completion
 Spud Date or _____ Date Reached TD _____ Completion Date or _____
 Recompletion Date _____ Recompletion Date

Drilling Fluid Management Plan ATTN: 870 09
(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: *Kent Keppel*
 Title: Lordman Date: 7-9-2009
 Subscribed and sworn to before me this 9th day of July
 20 09
 Notary Public: *Karla Peterson*

**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

Operator Name: Running Foxes Petroleum, Inc. Lease Name: Gross JUL 9 9 2009 Well #: 8-1A
 Sec. 1 Twp. 25 S. R. 23 East West County: Bourbon KCC

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: Gamma Ray, Dual Induction, Neutron Density	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Excello 132' 751' Bartlesville 337' 546' Mississippian 474' 409'
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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.	22'	Quickset	12	Quickset
Production	6.25"	2.875"	6.5 lbs	498'	Quickset	65	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
	waiting on perf job & records		
		SAS 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 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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Gross 8-1A

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Thickness of Strata	Formation	Total Depth	Remarks
0-6	SIL - CLAY		
6-31	SANDSTONE + SHALE		
31-55	LIME		
55-102	BL SHALE + SHALE		
102-118	20' LIME		
118-127	BL SHALE + SHALE		
127-131	5' LIME		
131-137	SHALE		
137-139	COAL		
139-241	SHALE		
241-243	LIME		
243-246	DK SHALE		
246-247	COAL		
247-238	SHALE		
238-244	GREY SAND		
244-246	SAND - VERY LIGHT OIL	SHALE	
246-252	SHALE		
252-353	COAL		
353-390	SHALE		
390-395	SAND LIGHT OIL	SHALE	
395-400	SHALE		
400-413	SAND TRACE OF OIL		
413-436	SHALE - SOY SAND		
436-468	SHALE		
468-469	COAL		
469-477	SHALE		

477-522 Miss Lime

522 TO

KCC'S/S CORPORATION COMMISSION

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CASING AND TUBING MEASUREMENTS

Foot	In.	Foot	In.	Foot	In.
1	31	30			
2	30	70			
3	30	30			
4	29	50			
5	31	10			
6	31	80			
7	31	50			
8	31	10			
9	32	50			
10	31	90			
11	32	60			
12	32	50			
13	30	80			
14	28	90			
15	29	80			
16	32	50			

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FED ID#
 MC ID # 105200
 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. Cement, Acid or Tools
 P.O. Box 782228 CONFIDENTIAL Service Ticket
 Wichita, KS 67278-2228 111 0 4 71009 3109

KCOO
 DATE 4-8-09

COUNTY BOUCCO CITY _____

CHARGE TO Running Foxes

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Gross # 8-1A CONTRACTOR _____

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

DIR. TO LOC. 4th Job 4 OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
		700.00	
65 SKS	Quick Set Cement	1072.50	
260 lbs	KOI-SEAL 4" x 1 1/2"	117.00	
100 lbs	Gel > Flush Ahead	25.00	
2 Hrs	water Truck	160.00	
	BULK CHARGE		
3.75 Tens	BULK TRK. MILES	371.25	
0	PUMP TRK. MILES Trk infield	N/C	
	Rental on wireline	50.00	
1	PLUGS 2 7/8" Top Rubber	17.00	
		6.32 SALES TAX	77.58
		TOTAL	2590.33

T.D. _____ CSG. SET AT _____ VOLUME _____
 SIZE HOLE _____ TBG SET AT 498' VOLUME 2.88 Bbls
 MAX. PRESS. _____ SIZE PIPE 2 7/8" - 8' id
 PLUG DEPTH _____ PKER DEPTH _____
 PLUG USED _____ TIME FINISHED _____

REMARKS: Big up to 2 7/8" Tubing, Break circulation with 5 Bbl water, 5 Bbl Gel Flush, followed with 10 Bbl water. Mixed 65 SKS Quick Set Cement w/ 4" KOI-SEAL. Shutdown - wash out Pump & Lines. Release Plug - Displace Plug with 2 3/4 Bbl water. Final Pumpage 300 PSI - Pumped Plug to 1000 PSI. Close Tubing in w/ 1000 PSI. Good cement Fellows w/ 3 Bbl slurry

KANSAS CORPORATION COMMISSION

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EQUIPMENT USED

NAME Kelly Kimberlin UNIT NO. 185
Brad Butler
 HSI REP.

NAME Jerry #91, Jason #193
called by shawn
 OWNER'S REP.

RECEIVED
 UNIT NO.