

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

10/14/11

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: Kent Keppel
Phone: (720) 889-0510
CONTRACTOR: License # 5786
Name: McGown Drilling
Wellsite Geologist: Brian Walsh
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.: _____
6/30/2009 7/1/2009 WAITING ON COMPLETION
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 011-23562-00-00
Spot Description: _____
NW SW NE SW Sec. 6 Twp. 25 S. R. 24 East West
1870 Feet from North / South Line of Section
1630 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Bourbon
Lease Name: Gross Well #: 11-6C-2
Field Name: Devon
Producing Formation: Bartlesville
Elevation: Ground: 890' Kelly Bushing: _____
Total Depth: 530' Plug Back Total Depth: 506'
Amount of Surface Pipe Set and Cemented at: 21.4' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 530
feet depth to: 2 w/ 70 sx cm.

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: [Signature]
Title: PRESIDENT Date: 10/14/2009
Subscribed and sworn to before me this 14th day of October, 2009.
Notary Public: [Signature]
Date Commission Expires: _____

KENTON E. KEPPEL
NOTARY PUBLIC
STATE OF COLORADO
My Commission Expires November 13, 2011

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
OCT 15 2009

KCC WICHITA

KCC
OCT 14 2009
CONFIDENTIAL

Operator Name: Running Foxes Petroleum, Inc. Lease Name: Gross Well #: 11-6C-2
 Sec. 6 Twp. 25 S. R. 24 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 checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <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>134'</td> <td>756'</td> </tr> <tr> <td>Bartlesville</td> <td>345'</td> <td>545'</td> </tr> <tr> <td>Mississippian</td> <td>481'</td> <td>409'</td> </tr> </table>	Name	Top	Datum	Excello	134'	756'	Bartlesville	345'	545'	Mississippian	481'	409'
Name	Top	Datum											
Excello	134'	756'											
Bartlesville	345'	545'											
Mississippian	481'	409'											

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.	21.4'	Quickset	12	Quickset
Production	6.25"	2.875"	6.5 lbs.	530'	Quickset	70	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
4	307.0' - 415.0' / 33 perfs		
4	419.5' - 423.5' / 17 perfs		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes 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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RUNNING FOXES PETROLEUM INC.

October 14, 2009

Kansas Corporation Commission
Oil and Gas Conservation Division
130 S. Market Street – Room 2078
Wichita, KS 67202

KCC
OCT 14 2009
CONFIDENTIAL

RE: Well: Gross 11-6C-2
API# 15-011-23562-00-00
SW/4 Sec. 6, T-25S R-24E
Bourbon County, KS

To Whom It May Concern:

We are requesting the above referenced well to be held confidential for the maximum of two years. The following documents are enclosed for this well:

1. ACO-1 (original)
2. Cement Tickets; drilling reports, if available
3. Electric Logs; mud logs, if available

If there are any questions or if any further information is required, please contact me at the address listed below, or by phone.

Sincerely,

Kent Keppel

RECEIVED
OCT 15 2009
KCC WICHITA

Gross 116C-2

Thickness of Strata	Formation	Total Depth	Remarks
0-5	SOIL & CLAY		
5-32	SAND SHALE		
32-59	LIME		Run 505.20' 2 1/2 7-2-09
59-104	BL SAND & SHALE		
104-122	20' LIME		
122-132	BL SAND & SHALE		
132-135	S' LIME		
135-139	SHALE		
139-140	COAL		
140-239	SHALE		
239-240	LIME		
240-243	DK SHALE		
243-244	COAL		
244-345	SHALE		
345-353	SAND LIGHT OIL STAIN 350-353		
353-406	SHALE		
406-409	SAND		
409-416	SAND LIGHT OIL STAIN		
416-426	SAND GOOD OIL STAIN		
426-431	SAND & SHALE		
431-432	COAL		
432-472	SHALE		
472-473	COAL		
473-479	SHALE		
479-530	MISS LIME		

KCC
OCT 14 2009
CONFIDENTIAL

S30 TD

6-30-09

SURFACE 6-30-09
PIPE - 7-2-09

RECEIVED
OCT 15 2009
KCC WICHITA

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
 3219

DATE 7-2-09

COUNTY BOUCE CITY _____

CHARGE TO Running Foxes KCC

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Gross # 11-6C-2 CONTRACTOR _____

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

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			700.00
70 SKS	QuickSet cement		1153.00
280 lbs	KDI-SEAL 4" 1 1/2" SK		126.00
100 lbs	Gel > Flush Ahead		25.00
		RECEIVED	
1 1/2 Hrs	water Truck #193		120.00
	BULK CHARGE	OCT 15 2009	
4.04 Tons	BULK TRK. MILES	KCC WICHITA	399.96
0	PUMP TRK. MILES <u>Trk. on location</u>		M/L
	<u>Rental on well line</u>		50.00
1	PLUGS 2 7/8" Top Rubber		17.00
		6.3% SALES TAX	83.34
		TOTAL	2676.30

T.D. 530'

CSG. SET AT _____ VOLUME _____

SIZE HOLE _____

TBG SET AT 506' VOLUME 2.93 Bbls.

MAX. PRESS. _____

SIZE PIPE 2 7/8" - 8'cd

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 15 Bbl water. Mixed 70 SKS QuickSet cement w/ 4" KDI-SEAL. Shut down - wash out Pump Lines. Release Plug - Displace Plug with 3 Bbls water. Final Pumping @ 350 PSI - Pumped Plug to 1000 PSI. Close Tubing in with 1000 PSI - Good cement returns w/ 3 Bbl slurry

EQUIPMENT USED

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

NAME Jerry #91, Clayton #193 UNIT NO. _____
called by Shawn
 OWNER'S REP.