

CONFIDENTIAL

ORIGINAL

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

Form ACO-1
October 2008
Form Must Be Typed

1/20/12

**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: _____

Purchaser: KCC

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.: _____

9/29/2009 9/30/2009 Waiting on Completion

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - 011-23661-00-00

Spot Description: _____

SW NE Sec. 6 Twp. 25 S. R. 24 East West

2080 Feet from North / South Line of Section

2420 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Bourbon

Lease Name: Cleaver Well #: 7-6C INJ

Field Name: Wildcat

Producing Formation: Bartlesville

Elevation: Ground: 856' Kelly Bushing: _____

Total Depth: 472' Plug Back Total Depth: 462'

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/ _____ sx cmt.

Drilling Fluid Management Plan FOR NO-1-25-10
(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: 1/20/2010

Subscribed and sworn to before me this 20th day of January

20 10 [Signature]

Notary Public: _____

Date Commission Expires: 11-13-2011

**KENTON E. KEPPEL
NOTARY PUBLIC
STATE OF COLORADO**

My Commission Expires November 13, 2011

KCC Office Use ONLY

Y Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution (TV 1/22)

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Operator Name: Running Foxes Petroleum, Inc. Lease Name: Cleaver Well #: 7-6C INJ
 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: Gamma Ray (sent in with U-1)	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Excello 98' 758' Bartlesville 313' 543' Mississippian 447' 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"	7.0"	15 lbs	20'	Quickset	10	Quickset
Production	6.25"	2.875"	6.5 lbs	472'	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 (Amount and Kind of Material Used)	Depth

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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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FED ID# 48-1214033
 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

3457

DATE 10-1-09

COUNTY Bouco CITY _____

CHARGE TO Running Foxes

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Clear # 7-60 T&E CONTRACTOR M^cGowan Org.

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

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			700.00
65 SKs	QuickSet Cement		1072.50
260 lbs	KOI-SEAL 4" P ² /SK		117.00
100 lb.	Gel > Flush Ahead		25.00
3 Hrs	Water Truck #193		240.00
	BULK CHARGE		
3.75 Tons	BULK TRK. MILES		371.25
0	PUMP TRK. MILES <u>TRK. on location</u>		N/C
	Rental on wire line		50.00
1	PLUGS 2 7/8" Top Rubber		17.00
		SALES TAX	77.58
		TOTAL	2670.33

T.D. _____
 SIZE HOLE 6 1/4"
 MAX. PRESS. _____
 PLUG DEPTH _____
 PLUG USED _____

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CSG. SET AT _____ VOLUME _____
 TBG SET AT 462' VOLUME 2 1/2 Bbls
 SIZE PIPE 2 7/8" - 8th
 PKER DEPTH _____
 TIME FINISHED _____

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REMARKS: Rig up to 2 7/8" Tubing, Break circulation with 10 Bbls water, 5 Bbl Gel Flush, followed with 10 Bbls water, Mixed 65 SKs QuickSet Cement w/ 4" KOI-SEAL, shut down - washout Pump Release Plug - Displace Plug with 2 1/2 Bbls water, Final Pumping at 300 PSI - Bumped Plug to 1100 PSI Close Tubing in w/ 1100 PSI Good cement Returns w/ 2 1/2 Bbls slurry

EQUIPMENT USED

NAME	UNIT NO.	NAME	UNIT NO.
<u>Kelly Kimberlin</u>	<u>185</u>	<u>Jerry #91, Jason #193</u>	
<u>Brad Butler</u>		<u>Called by shawn</u>	
HSI REP.		OWNER'S REP.	

Cleaver 7-6C-Ins.

Thickness of Strata	Formation	Total Depth	Remarks
0-2	SOIL		
2-22	LIME		Run 46250 27/8 9-2-09
22-70	SHALE		
70-86	20' LIME		
86-94	BL. SHALE & SHALE		
94-98	5' LIME		
98-99	COAL		
99-205	SHALE		
205-206	LIME		
206-207	COAL		
207-210	DK SHALE		
210-302	SHALE		
302-303	COAL		
303-313	SHALE		
313-318	GRAY SAND		
318-374	SHALE		
374-377	SAND LIGHT OR SHAW		
377-384	SAND GOOD OIL SHAW		
384-391	MOSTLY SAND LIGHTER OR SHAW		
391-400	LAMINATED SAND, SHALE		
400-401	COAL		
401-441	SHALE		
441-442	COAL	TRACKS GAS	
442-447	SHALE		
447-477	MISS LIME		

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