



KANSAS CORPORATION COMMISSION 1074419

OIL & GAS CONSERVATION DIVISION

Form ACO-1 June 2009

Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33397 Name: Running Foxes Petroleum Inc. Address 1: 6855 S HAVANA ST, STE 400 Address 2: City: CENTENNIAL State: CO Zip: 80112 Contact Person: Greg Bratton Phone: (303) 617-7242 CONTRACTOR: License # 34430 Name: CST Oil & Gas Corporation Wellsite Geologist: Andy Greene Purchaser:

Designate Type of Completion: [X] New Well [ ] Re-Entry [ ] Workover [X] Oil [ ] WSW [ ] SWD [ ] SIOW [ ] Gas [ ] D&A [ ] ENHR [ ] SIGW [ ] OG [ ] GSW [ ] Temp. Abd. [ ] CM (Coal Bed Methane) [ ] Cathodic [ ] Other (Core, Expl., 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 [ ] Conv. to GSW [ ] Plug Back: Plug Back Total Depth [ ] Commingled Permit #: [ ] Dual Completion Permit #: [ ] SWD Permit #: [ ] ENHR Permit #: [ ] GSW Permit #:

10/19/2011 10/21/2011 11/18/2011 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-011-23791-00-00

Spot Description: NW NE NE SW Sec. 6 Twp. 25 S. R. 24 [X] East [ ] West 2440 Feet from [ ] North / [X] South Line of Section 2040 Feet from [ ] East / [X] West Line of Section

Footages Calculated from Nearest Outside Section Corner: [ ] NE [ ] NW [ ] SE [X] SW

County: Bourbon Lease Name: Gross Well #: 11-6A-2 Field Name:

Producing Formation: Mississippian Elevation: Ground: 897 Kelly Bushing: 0 Total Depth: 515 Plug Back Total Depth: Amount of Surface Pipe Set and Cemented at: 20 Feet Multiple Stage Cementing Collar Used? [ ] Yes [X] No If yes, show depth set: Feet If Alternate II completion, cement circulated from: feet depth to: w/ sx cmt.

Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls Dewatering method used: Evaporated Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Quarter Sec. Twp. S. R. [ ] East [ ] West County: Permit #:

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

[X] Letter of Confidentiality Received Date: 02/17/2012 [ ] Confidential Release Date: [X] Wireline Log Received [ ] Geologist Report Received [ ] UIC Distribution ALT [ ] I [X] II [ ] III Approved by: Deanna Garrison Date: 02/21/2012



1074419

Operator Name: Running Foxes Petroleum Inc. Lease Name: Gross Well #: 11-6A-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 complete copy of all Electric Wire-line 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 Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:  Gamma Ray/ Duel Induction	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Excello</td> <td>106</td> <td>791</td> </tr> <tr> <td>Bartlesville</td> <td>382</td> <td>515</td> </tr> <tr> <td>Mississippian</td> <td>457</td> <td>440</td> </tr> </tbody> </table>	Name	Top	Datum	Excello	106	791	Bartlesville	382	515	Mississippian	457	440
Name	Top	Datum											
Excello	106	791											
Bartlesville	382	515											
Mississippian	457	440											

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	8.625	24	20	Class 1	4	
Production	5.625	2.875	6.5	496.20	Portland Cement	80	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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

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 <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

February 17, 2012

Greg Bratton  
Running Foxes Petroleum Inc.  
6855 S HAVANA ST, STE 400  
CENTENNIAL, CO 80112

Re: ACO1  
API 15-011-23670-00-00  
Gross 11-6A-2  
SW/4 Sec.06-25S-24E  
Bourbon County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
Greg Bratton





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Finney State Office Building  
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February 17, 2012

Greg Bratton  
Running Foxes Petroleum Inc.  
6855 S HAVANA ST, STE 400  
CENTENNIAL, CO 80112

Re: ACO-1  
API 15-011-23791-00-00  
Gross 11-6A-2  
SW/4 Sec.06-25S-24E  
Bourbon County, Kansas

Dear Greg Bratton:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 10/19/2011 and the ACO-1 was received on February 17, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department