

## CONFIDENTIAL

KANSAS CORPORATION COMMISSION 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                        |   | API No. 15 - 15-011-23819-00-00   |
|--|---|---|
| Name: Running Foxes Petroleum Inc.               |   | Spot Description:   |
| Address 1: 6855 S HAVANA ST, STE 400             |   | NW_SE_SE_SW_Sec. 36 Twp. 24 S. R. 23 FEast West   |
| Address 2:                                       |   | 490 Feet from North / South Line of Section   |
| City: CENTENNIAL State: CO Zip: 80112 +          |   | 2130 Feet from East / West Line of Section  |
| Contact Person: Greg Bratton                     |   | Footages Calculated from Nearest Outside Section Corner:  |
| Phone: (303) 617-7242                            |   | □ NE □ NW □ SE ☑ SW   |
| CONTRACTOR: License # 34430                      |   | County: Bourbon   |
| Name: CST Oil & Gas Corporation                  |   | Lease Name: Wunderly Well #: 14-36D-2   |
| Wellsite Geologist: Andy Greene                  |   | Field Name:   |
| Purchaser:                                       |   | Producing Formation: Mississippian  |
| Designate Type of Completion:                    |   | Elevation: Ground: 863 Kelly Bushing: 0   |
|  | Workover                                | Total Depth: 575 Plug Back Total Depth:   |
| ✓ Oil  | Slow Sigw                               | Amount of Surface Pipe Set and Cemented at: 20 Feet  Multiple Stage Cementing Collar Used? Yes No |
| CM (Cosi Bed Methane)                            | Temp. Abd.                              | If yes, show depth set: Feet  |
| Cathodic Other (Core, Expl., etc.):              |   | If Alternate II completion, cement circulated from:   |
| If Workover/Re-entry: Old Well Info as follows:  |   | feet depth to:w/sx cmt.   |
| Operator:  |   |   |
| Well Name:                                       |   | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)                      |
| Original Comp. Date: Original To                 | tal Depth:                              | Chloride content: 0 ppm Fluid votume: 0 bbls  |
| ☐ Deepening ☐ Re-perf. ☐ Conv. to ☐ ☐ Conv. to ☐ | ENHR Conv. to SWD                       | Dewatering method used: Evaporated  |
| Plug Back: Plug                                  | Back Total Depth                        | Location of fluid disposal if hauled offsite:   |
| Commingled Permit #:                             |   | Operator Name:  |
| Dual Completion Permit #:                        |   | Lease Name; License #:  |
| SWD Permit #:                                    |   | Quarter Sec Twp S. R East _ West  |
|  |   | 1   |
|  | 4/07/0040                               | County: Permit #:   |
| 1/9/2012 1/10/2012                               | 1/27/2012                               |   |
| Spud Date or Date Reached TD Recompletion Date   | Completion Date or<br>Recompletion Date |   |

## **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   |
|---|
| Letter of Confidentiality Received  Date: 05/04/2012                    |
| ☐ Confidential Release Date:  |
| Geologist Report Received   |
| UIC Distribution  ALT I I III Approved by: NAONS JAMES Date: 05/04/2012 |