



KANSAS CORPORATION COMMISSION 1081778
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

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:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
 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 #: _____

<u>1/30/2012</u>	<u>2/1/2012</u>	<u>2/27/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-011-23894-00-00

Spot Description: _____
NW SW NE SE Sec. 36 Twp. 24 S. R. 23 East West
1970 Feet from North / South Line of Section
1000 Feet from East / West Line of Section

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

County: Bourbon

Lease Name: Vogel Well #: 9-36C-2

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 865 Kelly Bushing: 0

Total Depth: 550 Plug Back Total Depth: _____

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

(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

- Letter of Confidentiality Received
Date: 05/18/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 05/21/2012