



KANSAS CORPORATION COMMISSION 1081428
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL

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: Greg Bratton

Purchaser:

Designate Type of Completion:

☒ New Well ☐ Re-Entry ☐ Workover

☒ 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 #:

3/8/2012 3/9/2012 4/6/2012

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-011-23912-00-00

Spot Description:

E2 E2 NE NE Sec. 25 Twp. 24 S. R. 25 ☒ East ☐ West

660 Feet from ☒ North ☐ South Line of Section

20 Feet from ☒ East ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☒ NE ☐ NW ☐ SE ☐ SW

County: Bourbon

Lease Name: Shaw Well #: 1-25D INJ

Field Name:

Producing Formation: Bartlesville

Elevation: Ground: 885 Kelly Bushing: 0

Total Depth: 340 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: 05/16/2012

☐ Confidential Release Date:

☒ Wireline Log Received

☐ Geologist Report Received

☒ UIC Distribution

ALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 05/16/2012