



KANSAS CORPORATION COMMISSION

1083169

Form ACO-1

June 2009

CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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: 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 #: _____

<u>3/30/2012</u>	<u>4/2/2012</u>	<u>4/26/2012</u>
Spud Date or	Date Reached TD	Completion Date or
Recompletion Date		Recompletion Date

API No. 15 - 15-011-23832-00-00

Spot Description: _____
SE NE SE SW Sec. 36 Twp. 24 S. R. 23 ☒ East ☐ West
970 Feet from ☐ North / ☒ South Line of Section
2620 Feet from ☐ East / ☒ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☒ SWCounty: BourbonLease Name: Wunderly Well #: 14-36A INJ2

Field Name: _____

Producing Formation: BartlesvilleElevation: Ground: 862 Kelly Bushing: 0Total Depth: 480 Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at: 20 FeetMultiple 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 bblsDewatering 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 ReceivedDate: 06/04/2012☐ Confidential Release Date: _____☒ Wireline Log Received☐ Geologist Report Received☒ UIC DistributionALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 06/05/2012