



# CONFIDENTIAL

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1083175

Form ACO-1  
June 2009Form 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: Chad Counts  
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>4/2/2012</u>	<u>4/3/2012</u>	<u>4/26/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-011-23833-00-00

Spot Description: \_\_\_\_\_  
NE NE SE SW Sec. 36 Twp. 24 S. R. 23 ☒ East ☐ West  
1300 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 ☒ SW

County: Bourbon  
Lease Name: Wunderly Well #: 14-36A INJ3  
Field Name: \_\_\_\_\_

Producing Formation: Bartlesville  
Elevation: Ground: 863 Kelly Bushing: 0  
Total Depth: 480 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: 06/04/2012  
☐ Confidential Release Date: \_\_\_\_\_  
☒ Wireline Log Received  
☐ Geologist Report Received  
☒ UIC Distribution  
ALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 06/05/2012