



KANSAS CORPORATION COMMISSION 1090554
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
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 # 5786
Name: McGown Drilling, Inc.
Wellsite Geologist: Chad Counts
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>4/7/2012</u>	<u>4/10/2012</u>	<u>5/10/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-011-23857-00-00

Spot Description: _____

SE NW Sec. 26 Twp. 24 S. R. 22 East West

1980 Feet from North / South Line of Section

1980 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Bourbon

Lease Name: New Horizons Well #: 6-26

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 1108 Kelly Bushing: 0

Total Depth: 660 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: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: Deanna Garrison Date: 08/17/2012



1090554

Operator Name: Running Foxes Petroleum Inc. Lease Name: New Horizons Well #: 6-26
 Sec. 26 Twp. 24 S. R. 22 East West County: Bourbon

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray, Induction	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Excello</td> <td>442</td> <td>666</td> </tr> <tr> <td>Bartlesville</td> <td>665</td> <td>443</td> </tr> <tr> <td>Mississippian</td> <td>800</td> <td>305</td> </tr> </table>	Name	Top	Datum	Excello	442	666	Bartlesville	665	443	Mississippian	800	305
Name	Top	Datum											
Excello	442	666											
Bartlesville	665	443											
Mississippian	800	305											

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12.25	8.625	24	20	Class 1	4	
Production	6.25	4.5	10.5	844	Portland Cement	100	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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McGown Drilling, Inc.

Mound City, Kansas

Operator:

Running Foxes Petroleum, Inc.
Centennial, CO

New Horizons 6-26

Bourbon Co., KS

26-24S-22E

API: 011-23857

Spud Date: 4/7/2012

Surface Casing: 8.625"

Surface Length: 20.0'

Surface Cement: 6 sx

Surface Bit: 11"

Drill Bit: 6.75"

Longstring: 844.95'

Longstring Date: 4/10/2012

Longstring Size: 4 1/2" 10.5 lb.

Driller's Log

Top	Bottom	Formation	Comments
0	3	Soil	
3	14	Lime	
14	17	Shale & Blk. Shale	
17	21	Lime	
21	27	Shale	
27	54	Lime	
54	57	Blk. Shale & Shale	
57	155	Lime	
62	74	Shale	
74	86	Lime	
86	110	Shale	
110	114	Blk. Shale	
114	213	Shale	
213	216	Blk. Shale	
216	221	Grey Shale	
221	228	Lime	
228	252	Grey Shale	
252	260	Lime	
260	352	Shale	
352	362	Lime	Faint odor, no oil show
362	365	Shale	
365	372	Lime	
372	416	Shale & Blk. Shale	
416	433	Lime	
433	436	Blk. Shale	

New Horizons 6-26

Bourbon Co., KS

436	446	Shale	
446	449	Blk. Shale	
449	539	Shale	
539	540	Coal	
540	563	Shale	
563	591	Shale	
591	592	Coal	
592	609	Shale	
609	612	Blk. Shale	
612	617	Shale	
617	618	Coal	
618	640	Shale	
640	668	Sandy Shale	
668	676	Sand	Strong odor, small oil bleed
676	709	Sandy Shale	
709	710	Coal	
710	720	Shale	
720	725	Sandy Shale	
725	803	Shale	
803	861	Lime	Mississippian
861	TD		