



KANSAS CORPORATION COMMISSION 1090242
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 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 #: _____

4/3/2012 4/6/2012 5/4/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-011-23923-00-00

Spot Description: _____

SE NW SW SW Sec. 23 Twp. 24 S. R. 22 East West
720 Feet from North / South Line of Section
550 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 #: 13-23

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 1079 Kelly Bushing: 0

Total Depth: 881 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 Gerriss Date: 08/17/2012



1090242

Operator Name: Running Foxes Petroleum Inc. Lease Name: New Horizons Well #: 13-23
 Sec. 23 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>463</td> <td>616</td> </tr> <tr> <td>Bartlesville</td> <td>697</td> <td>382</td> </tr> <tr> <td>Mississippian</td> <td>823</td> <td>256</td> </tr> </table>	Name	Top	Datum	Excello	463	616	Bartlesville	697	382	Mississippian	823	256
Name	Top	Datum											
Excello	463	616											
Bartlesville	697	382											
Mississippian	823	256											

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	23	Class 1	4	
Production	6.75	4.5	10.5	853	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: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CST Oil & Gas Corporation

1690 155th St. Fort Scott, Ks

Fax: 1-620-829-5306

Office: 1-620-829-5307

Cement & Acid Report

Lease & Well NO. New Horizon 13-23 Drilling Contractor McGowan Drilling Date 5/4/12
Kind of Job Cement Sec. 23 Twp. 24s Rng. 22E

Quantity	Materials Used
<u>100 sks</u>	<u>Portland Cement</u>

Well T.D. 881 Csg. Set At 852.70 Volume _____
Size Hole _____ Tbg. Set AT _____ Volume _____
Max. Press _____ Size Pipe 4 1/2 _____
Plug Depth _____ Pker Depth _____
Plug Used _____ Time Started _____
Time Finished _____

Remarks: Cement 4 1/2 long string

Witnessed By:

Name Shawn Coffey Name Bill Thompson Name Ryan Stone

McGown Drilling, Inc.

Mound City, Kansas

Operator:

Running Foxes Petroleum, Inc.
Centennial, CO

New Horizons 13-23

Bourbon Co., KS
23-24S-22E
API: 011-23923

Spud Date: 4/3/2012
Surface Casing: 8.625"
Surface Length: 21.90'
Surface Cement: 10 sx

Surface Bit: 11"
Drill Bit: 6.75"
Longstring: 853.0'
Longstring Date:
Longstring Size: 4 1/2" 10.5 lb.

Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil	
2	10	Lime	
10	13	Clay	
13	30	Lime	
30	34	Blk. Shale	
34	36	Lime	
36	46	Shale	
46	155	Lime	
74	78	Blk. Shale	
78	82	Lime	
82	93	Shale	
93	109	Lime	
109	122	Shale	
122	126	Blk. Shale	
126	229	Shale	
229	232	Blk. Shale	
232	268	Shale	
268	278	Lime	
278	356	Shale	
356	357	Coal	
357	362	Shale	
362	389	Lime	Small oil bleed, no odor in samples
389	434	Shale & Blk. Shale	
434	473	Lime	
473	476	Shale	

New Horizons 13-23

Bourbon Co., KS

476	494	Sand - shaley	Good odor, oil show
494	515	Sandy shale	
515	558	Shale	
558	559	Coal	
559	583	Shale	
583	585	Lime	
585	631	Blk Shale & Shale	
631	636	Blk. Shale	
636	710	Shale	
710	732	Sandy Shale	
732	795	Shale	
795	819	Coal	
819	881	Lime	Mississippian
881	TD		