

# CONFIDENTIAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

1090579

Form ACO-1

June 2009

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 # 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 #: \_\_\_\_\_

4/17/2012 4/19/2012 5/17/2012  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 15-001-30362-00-00

## Spot Description:

SW NW NE SE Sec. 22 Twp. 24 S. R. 21 ☒ East ☐ West  
2145 Feet from ☐ North / ☒ South Line of Section  
2475 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: AllenLease Name: Dickerson Well #: 10-22B-3

Field Name: \_\_\_\_\_

Producing Formation: BartlesvilleElevation: Ground: 1102 Kelly Bushing: 0Total Depth: 941 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: 08/14/2012☐ Confidential Release Date: \_\_\_\_\_☒ Wireline Log Received☐ Geologist Report Received☐ UIC DistributionALT ☐ I ☒ II ☐ III Approved by: Deanna Garrison Date: 08/17/2012