



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1101901

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL

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: **Kurt Hodges**

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 #: _____

8/6/2012 **8/15/2012** **8/22/2012**

Spud Date or
Recompletion Date Date Reached TD Completion Date or
Recompletion Date

API No 15 - **15-011-23934-00-00**

Spot Description: _____

NW NE NW SE Sec **6** Twp. **25** S. R. **24** ☒ East ☐ West

2440 Feet from ☐ North / ☒ South Line of Section

1780 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: **Bourbon**

Lease Name: **Harvey** Well #: **10-6A-2**

Field Name: _____

Producing Formation: **Bartlesville**

Elevation: Ground: **860** Kelly Bushing: **0**

Total Depth: **386** 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: **11/19/2012**

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☒ II ☐ III Approved by: **NAOMI JAMES** Date: **11/20/2012**