

CONFIDENTIAL COMPLETION FORM

1101829

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			API No. 15 - 15-011-24003-00-00		
Name: Running Foxes P	etroleum Inc		Spot Description:		
Address 1: 6855 S Havana St, Ste 400			SE_NE_NV_NE_Sec1 Twp24 S. R23 ▼ East West		
Address 2:			495 Feet from ✓ North / South Line		
City: CENTENNIAL State: CO Zip: 80112 +			1485 Feet from ▼ East / West Line of Section		
Contact Person: Greg Bratto	n		Footages Calculated from Nearest Outside Section Corner:		
Phone: (303) 617-7242			✓ NE INW ISE ISW		
CONTRACTOR: License # 34430 Name: CST Oil & Gas Corporation			County: Bourbon Lease Name: Snyder Well #: 2-1A-4 Field Name:		
					Wellsite Geologist: Kurt Hodges
Purchaser:					Producing Formation: Squirrel
Designate Type of Completion:			Elevation: Ground: 860 Kelly Bushing: 0		
✓ New Well	Re-Entry	Workover	Total Depth: 295 Plug Back Total Depth:		
□ oii □ wsw	SWD	SIOW	Amount of Surface Pipe Set and Cemented at: 20	Feet	
Gas ✓ D&A	ENHR	SIGW	Multiple Stage Cementing Collar Used? Yes ✔ No		
OG	Gsw	Temp. Abd.	If yes, show depth set:	Feet	
CM (Coal Bed Methane)			If Alternate II completion, cement circulated from:		
Cathodic Other (6	Core. Expl., etc.):		feet depth to:w/		
If Workover/Re-entry: Old Well	Info as follows:		iest dopur to:		
Operator:		· lob			
Well Name:			Orilling Fluid Management Plan (Data must be collected from the Reserve Pit)		
Original Comp. Date:	Original T	otal Depth:			
		ENHR Conv. to SWD	Chloride content: 0 ppm Fluid volume: 0		
	Conv. t		Dewatering method used: Evaporated		
Plug Back: Plug Back Total Depth		ig Back Total Depth	Location of fluid disposal if hauled offsite:		
Commingled	Permit #:		Operator Name:		
Dual Completion	Permit #:	*** * * * * * * * * * * * * * * * * * *	Lease Name: License #:		
SWD	Permit #:		!		
ENHR	Permit#:		Quarter Sec. Twp. S. R. East		
GSW	Permit #:		County: Permit #:		
7/27/2012 7/30	/2012	8/27/2012			
Spud Date or Date Reached TD Recompletion Date		Completion Date or Recompletion Date			

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
7	Letter of Confidentiality Received Date: 11/19/2012
	Confidential Release Date:
	Wireline Log Received
	Geologist Report Received
	UIC Distribution