



KANSAS CORPORATION COMMISSION 1102697  
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: 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 #: \_\_\_\_\_

<u>6/20/2012</u>	<u>6/22/2012</u>	<u>7/5/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-011-23858-00-00  
Spot Description: \_\_\_\_\_  
\_\_\_\_\_ NE SW Sec. 30 Twp. 23 S. R. 24  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: Post Well #: 11-30  
Field Name: \_\_\_\_\_  
Producing Formation: Squirrel  
Elevation: Ground: 831 Kelly Bushing: 0  
Total Depth: 501 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: 11/29/2012



1102697

Operator Name: Running Foxes Petroleum Inc. Lease Name: Post Well #: 11-30  
 Sec. 30 Twp. 23 S. R. 24  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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i></p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i></p> <p>List All E. Logs Run:</p> <p>Density Neutron</p>	<p><input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample</p> <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>109</td> <td>722</td> </tr> <tr> <td>Bartlesville</td> <td>364</td> <td>467</td> </tr> <tr> <td>Mississippian</td> <td>454</td> <td>377</td> </tr> </table>	Name	Top	Datum	Excello	109	722	Bartlesville	364	467	Mississippian	454	377
Name	Top	Datum											
Excello	109	722											
Bartlesville	364	467											
Mississippian	454	377											

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	11	8.625	24	20	Class 1	4	
Production	6.75	4.5	10.5	485	Portland Cemen	80	

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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 (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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### Cement & Acid Report

Lease & Well NO. Post 11-30 Drilling Contractor McGOWN Drilling Date 7/5/12  
Kind of Job Cement Sec. 30 Twp. 23S Rng. 24E

Quantity	Materials Used
<u>80 sks</u>	<u>Portland Cement</u>

Well T.D. 501 Csg. Set At 485.35 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: Cemented 4 1/2 long string  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnessed By:  
Name Shawn Gumbory Name Ryan Stone Name Bill Thompson

**McGown Drilling, Inc.**  
Mound City, Kansas

**Operator:**  
Running Foxes Petroleum, Inc.  
Centennial, CO

**Post 11-30**

Bourbon Co., KS  
30-23S-24E  
API # 011-23858

**Spud Date:** 6/20/2012  
**Surface Casing:** 8.625"  
**Surface Length:** 20.0'  
**Surface Cement:** 4 sx

**Surface Bit:** 11"  
**Drill Bit:** 6.75"  
**Longstring:** 485.35'  
**Longstring Date:**

**Driller's Log**

<b>Top</b>	<b>Bottom</b>	<b>Formation</b>	<b>Comments</b>
0	10	Clay & Soil	
10	38	Lime	
38	72	Blk. Shale / Shale	
72	75	Lime	
75	84	Shale	
84	99	Lime	
99	114	Shale	
114	118	Lime	
118	156	Shale	
156	176	Sand	Very small oil show
176	375	Shale	
375	416	Sand	Fair oil show
416	417	Coal	
417	453	Shale	
453	501	Lime	Mississippi
501	TD		