

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

2565356

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 10221 4. Contact Name: kent keppel
2. Name of Operator: RUNNING FOXES PETROLEUM INC Phone: (720) 889-0510
3. Address: 7060 SOUTH TUCSON WAY - STE B Fax: (303) 617-7442
City: CENTENNIAL State: CO Zip: 80112

5. API Number 05-073-06391-00 6. County: LINCOLN
7. Well Name: CRAIG Well Number: 6-4 SWD
8. Location: QtrQtr: SEnw Section: 4 Township: 14S Range: 55W Meridian: 6
Footage at surface: Distance: 2326 feet Direction: FNL Distance: 2111 feet Direction: FWL
As Drilled Latitude: 38.858920 As Drilled Longitude: -103.563560

GPS Data:

Data of Measurement: 12/21/2009 PDOP Reading: 1.9 GPS Instrument Operator's Name: ROBERT J. RUBINO

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____

9. Field Name: BOLERO 10. Field Number: 7153

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 12/09/2009 13. Date TD: 12/22/2009 14. Date Casing Set or D&A: 12/23/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7898 TVD _____ 17 Plug Back Total Depth MD 7808 TVD _____

18. Elevations GR 5097 KB 5109

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

4 CBLs, CDCN W/PHOTO DENSITY, ARRAY IND W/FOCUSED ELEC, COMPENSATED SONIC

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
SURF	17+1/2	13+3/8	412	412	360	0	412	CALC
1ST	8+3/4	7		7,847	133	7,600	7,664	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
MARMATON	6,439		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	6,498		<input type="checkbox"/>	<input type="checkbox"/>	EXCELLO 6498'
ATOKA	6,742		<input type="checkbox"/>	<input type="checkbox"/>	
SPERGEN	7,505		<input type="checkbox"/>	<input type="checkbox"/>	
WARSAW	7,588		<input type="checkbox"/>	<input type="checkbox"/>	
ARBUCKLE	7,690		<input type="checkbox"/>	<input type="checkbox"/>	TD 7898

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: ROLANDO D. BENAVIDES
 Title: PETROLEUM ENGINEER Date: 6/30/2010 Email: LANDO16@MSN.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: *David S. Nash* Director of COGCC Date: 12/3/2010

Attachment Check List

Att Doc Num	Name
2565356	FORM 5 SUBMITTED
2565357	OPERATIONS SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)