

**FORM
5**Rev
02/08State 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

Document Number:

2565356

DRILLING COMPLETION REPORT

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 ☐ Observation16. 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:  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)