


FORM 5A 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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2537123</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
<p>The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.</p>							
1. OGCC Operator Number: <u>10221</u>		4. Contact Name: <u>KENT KEPPEL</u>					
2. Name of Operator: <u>RUNNING FOXES PETROLEUM INC</u>		Phone: <u>(720) 8890510</u>					
3. Address: <u>7060 SOUTH TUCSON WAY - STE B</u>		Fax: <u>(303) 6177442</u>					
City: <u>CENTENNIAL</u>	State: <u>CO</u>	Zip: <u>80112</u>					
5. API Number <u>05-073-06404-00</u>		6. County: <u>LINCOLN</u>					
7. Well Name: <u>CRAIG</u>		Well Number: <u>6-4</u>					
8. Location: QtrQtr: <u>SENW</u>	Section: <u>4</u>	Township: <u>14S</u>	Range: <u>55W</u> Meridian: <u>6</u>				
9. Field Name: <u>BOLERO</u>		Field Code: <u>7153</u>					
<u>Completed Interval</u>							
FORMATION: <u>ATOKA</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>07/27/2010</u>		Date of First Production this formation: <u>07/31/2010</u>					
Perforations Top: <u>6957</u>	Bottom: <u>7044</u>	No. Holes: <u>3</u>	Hole size: <u>42/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
SPEARHEAD W/2000 GALS 15% HCL THEN FRAC W/24,760# 20/40 SAND AND 998 BBLS OF X-LINKED GELLED WATER.							
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Test Information:							
Date: <u>08/01/2010</u>	Hours: <u>24</u>	Bbls oil: <u>4</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>33</u>				
Calculated 24 hour rate:		Bbls oil: <u>4</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>33</u> GOR: <u>0</u>				
Test Method: <u>pumping</u>	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____				
Gas Disposition: _____	Gas Type: _____	BTU Gas: <u>0</u>	API Gravity Oil: <u>0</u>				
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>6912</u>	Tbg setting date: <u>07/28/2010</u>	Packer Depth: _____				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____				
Bridge Plug Depth: _____		Sacks cement on top: _____					

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>CHEROKEE</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>06/29/2010</u>		Date of First Production this formation: <u>07/31/2010</u>		
Perforations	Top: <u>6593</u>	Bottom: <u>6603</u>	No. Holes: <u>3</u>	Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">SPEARHEAD W/ 1000 GALS 15% HCL THEN FRAC W/ 19,913 # 20/40 SAND AND 790 BLS X-LINKED GELLED WATER.</div>				
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Information:				
Date: <u>07/14/2010</u>	Hours: <u>12</u>	Bbls oil: <u>12</u>	Mcf Gas: <u>0</u>	Bbls H2O: <u>28</u>
Calculated 24 hour rate:		Bbls oil: <u>16</u>	Mcf Gas: <u>0</u>	Bbls H2O: <u>61</u> GOR: <u>0</u>
Test Method: <u>PUMPING</u>	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____	
Gas Disposition: _____	Gas Type: _____	BTU Gas: <u>0</u>	API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>6912</u>	Tbg setting date: <u>07/28/2010</u>	Packer Depth: _____	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>				
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: _____		Sacks cement on top: _____		

Comment: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Signed: _____	Print Name: <u>ROLANDO D BENAVIDES</u>
Title: <u>PETROLEUM ENGINEER</u>	Date: <u>8/30/2010</u> Email <u>LANDO16@MSN.COM</u>

Attachment Check List

Att Doc Num	Name
2537123	FORM 5A SUBMITTED
2537124	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)