

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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-size: 1.2em;">2537123</div>				
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.							

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>	

Completed Interval

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"/>
<u>SPEARHEAD W/2000 GALS 15% HCL THEN FRAC W/24,760# 20/40 SAND AND 998 BBLs OF X-LINKED GELLED WATER.</u>	
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;"></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: CHEROKEE Status: PRODUCING

Treatment Date: 06/29/2010 Date of First Production this formation: 07/31/2010

Perforations Top: 6593 Bottom: 6603 No. Holes: 3 Hole size: 42/100

Provide a brief summary of the formation treatment: _____ Open Hole:

SPEARHEAD W/ 1000 GALS 15% HCL THEN FRAC W/ 19,913 # 20/40 SAND AND 790 BLLS X-LINKED GELLED WATER.

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/14/2010 Hours: 12 Bbls oil: 12 Mcf Gas: 0 Bbls H2O: 28

Calculated 24 hour rate: _____ Bbls oil: 16 Mcf Gas: 0 Bbls H2O: 61 GOR: 0

Test Method: PUMPING Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6912 Tbg setting date: 07/28/2010 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

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: 8/30/2010 Email LANDO16@MSN.COM

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)