IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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:

2537122

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   [X] Final completion   [ ] Preliminary completion

1. OGCC Operator Number: 10221

2. Name of Operator: RUNNING FOXES PETROLEUM INC

3. Address: 7060 SOUTH TUCSON WAY - STE B

   City: CENTENNIAL   State: CO   Zip: 80112

4. Contact Name: KENT KEPPEL

   Phone: (720) 88890510

   Fax: (303) 6177442

5. API Number   05-073-06404-00

6. County: LINCOLN

7. Well Name: CRAIG   Well Number: 6-4

8. Location: QtrQtr: SENW   Section: 4   Township: 14S   Range: 55W   Meridian: 6

   Footage at surface: Distance: 1980   feet   Direction: FNL   Distance: 1980   feet   Direction: FWL

   As Drilled Latitude: 38.859870   As Drilled Longitude: -103.564020

GPS Data:

   Data of Measurement: 05/12/2010   PDOP Reading: 1.9   GPS Instrument Operator's Name: ROBERT J. RUBINO

   ** If directional footage at Top of Prod. Zone   Dist.: ____ feet. Direction: ____   Dist.: ____ feet. Direction: ____

   Sec: ____   Twp: ____   Rng: ____

   ** If directional footage at Bottom Hole   Dist.: ____ feet. Direction: ____   Dist.: ____ 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)   04/19/2010   13. Date TD: 05/03/2010   14. Date Casing Set or D&A: 05/05/2010

15. Well Classification:

   [ ] Dry   [X] Oil   [ ] Gas/Coalbed   [ ] Disposal   [ ] Stratigraphic   [ ] Enhanced Recovery   [ ] Storage   [ ] Observation

16. Total Depth   MD   7315   TVD** ____   17 Plug Back Total Depth   MD   7308   TVD** ____

18. Elevations   GR   5092   KB   5104   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:

CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	765	420	0	765	CALC
1ST	7+7/8	5+1/2		0	7,299	100	6,364	7,299	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	S.C. 1.1	3,805	150	2,834	3,810
	2ND	6,510	100	6,364	7,299

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth Top	Measured Depth Bottom	Check if applies DST	Check if applies Cored	COMMENTS (All DST and Core Analyses must be submitted to COGCC)
CHEROKEE	6,485		☐	☐	
ATOKA	6,720		☐	☐	
MORROW	7,143		☐	☐	

Comment:

NO CORES OR DST'S

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

Signed: _____   Print Name: ROLAND D. BENAVIDES

Title: PETROLEUM ENGINEER   Date: 8/30/2010   Email: LANDO16@MSN.COM

Attachment Check List

Att Doc Num	Document Name		attached ?	
	Attachment Checklist			
	CMT Summary *	Yes ☐	No	☒
	Core Analysis	Yes ☐	No	☒
	Directional Survey **	Yes ☐	No	☒
	DST Analysis	Yes ☐	No	☒
	Logs	Yes ☐	No	☒
	Other	Yes ☐	No	☒
	Other Attachments			
2537122	FORM 5 SUBMITTED	Yes ☒	No	☐

General Comments

User Group	Comment	Comment Date
Permit	cmt tkt with prelim 5	3/22/2011 12:06:15 PM

Total: 1 comment(s)