

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2111652

COMPLETED INTERVAL REPORT

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: 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) 889-0510  
Fax: (303) 617-7442

5. API Number 05-073-06398-00  
6. County: LINCOLN  
7. Well Name: CRAIG  
Well Number: 16-32  
8. Location: QtrQtr: SESE Section: 32 Township: 13S Range: 55W Meridian: 6  
9. Field Name: BOLERO Field Code: 7153

Completed Interval

FORMATION: CHEROKEE	Status: PRODUCING
Treatment Date: 06/04/2010	Date of First Production this formation:
Perforations Top: 6526 Bottom: 6530	No. Holes: 3 Hole size: 42/100
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
ACIDIZED W/500 GALS 15% HCL	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: 06/15/2010 Hours: 24	Bbls oil: 60 Mcf Gas: 0 Bbls H2O: 132
Calculated 24 hour rate:	Bbls oil: 60 Mcf Gas: 0 Bbls H2O: 132 GOR:
Test Method: PUMPING	Casing PSI: Tubing PSI: Choke Size:
Gas Disposition:	Gas Type: BTU Gas: 0 API Gravity Oil: 39
Tubing Size: 2 + 7/8	Tubing Setting Depth: 6516 Tbg setting date: 06/09/2010 Packer Depth:
Reason for Non-Production:	
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:

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: 3/13/2010 Email: LANDO16@MSN.COM

### Attachment Check List

Att Doc Num	Name
2111652	FORM 5A SUBMITTED
2111653	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)