

**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
----	----	----	----

COMPLETED INTERVAL REPORT

Document Number:

2070665

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) 889-0510</u>
3. Address: <u>6855 S. HAVANA ST #400</u>	Fax: <u>(303) 708-1861</u>
City: <u>CENTENNIAL</u> State: <u>CO</u> Zip: <u>80112</u>	

5. API Number <u>05-073-06365-00</u>	6. County: <u>LINCOLN</u>
7. Well Name: <u>CRAIG</u>	Well Number: <u>12-33</u>
8. Location: QtrQtr: <u>NWSW</u> Section: <u>33</u> Township: <u>13S</u> Range: <u>55W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: ATOKA Status: PRODUCING

Treatment Date: 11/06/2009 Date of First Production this formation: 11/07/2009

Perforations Top: 7003 Bottom: 7077 No. Holes: 48 Hole size: 46/100

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

SPEARHEAD W/4500 GALS ACID THEN SCREEN OUT FRAC/2100# 20/40 SAND IN FORMATION

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/11/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 0 Bbls H2O: 105

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

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

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: 39

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____

FORMATION: CHEROKEE Status: PRODUCING

Treatment Date: 11/11/2009 Date of First Production this formation: 11/30/2009

Perforations Top: 6607 Bottom: 6629 No. Holes: 30 Hole size: 46/100

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

SPEARHEAD W/ACID THEN FRAC W/922 BBL XLINK GELLED WATER AND 24500# SAND. COMMINGLED WITH ATOKA.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

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

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

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

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6540 Tbg setting date: 12/14/2009 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: Y Print Name: ROLANDO BENEVIDES

Title: PETRO ENG Date: 3/6/2010

Email
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)