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SEP 12 2005

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 33392
Name: Keith F. Walker Oil & Gas Company, L.L.C.
Address: 301 W. Boyd Street Suite 201
City/State/Zip: Norman, Ok 73072
Purchaser: _____
Operator Contact Person: Alan L. Stacy
Phone: (405) 701-0676
Contractor: Name: Big "A" Drilling
License: 31572
Wellsite Geologist: Mike Rice

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator: _____

Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

6-9-2005 6-26-2005 6-28-2005
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 025-21282-00-00
County: Clark
C/N2 _N/2_ SW_ Sec. 19 Twp. 34 S. R. 25 East West
2310 feet from (S) N (circle one) Line of Section
1320 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: CASH Well #: 1-19
Field Name: MCKINNEY

Producing Formation: _____
Elevation: Ground: 2110 Kelly Bushing: 2120
Total Depth: 6293 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 1185 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan ACT I WITHIN P2A
(Data must be collected from the Reserve Pit) 4-18-07
Chloride content 3700 ppm Fluid volume _____ bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Alan Stacy
Title: VP OPERATIONS Date: 9-9-2005
Subscribed and sworn to before me this 9 day of September,
20 05.
Notary Public: Sherril M. Muller
Date Commission Expires: 8/29/2009



KCC Office Use ONLY
NO Letter of Confidentiality Received
If Denied, Yes Date: _____
Wireline Log Received _____
Geologist Report Received _____
UIC Distribution _____

Operator Name: Keith F. Walker Oil & Gas Company, L.L.C. Lease Name: CASH Well #: 1-19
 Sec. 19 Twp. 34 S. R. 25 East West County: Clark

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Induction,SDL/DSN,Microlog	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table border="0" style="width:100%"> <tr> <td style="width:70%">Name</td> <td style="width:15%">Top</td> <td style="width:15%">Datum</td> </tr> <tr> <td>Chase</td> <td>2420</td> <td></td> </tr> <tr> <td>Bader</td> <td>3084</td> <td></td> </tr> <tr> <td>Shawnee</td> <td>3580</td> <td></td> </tr> <tr> <td>Heebner Sh</td> <td>4400</td> <td></td> </tr> <tr> <td>KC</td> <td>4866</td> <td></td> </tr> <tr> <td>Swope</td> <td>5116</td> <td></td> </tr> <tr> <td>Ft. Scott</td> <td>5400</td> <td></td> </tr> <tr> <td>Cherokee B</td> <td>5624</td> <td></td> </tr> </table>	Name	Top	Datum	Chase	2420		Bader	3084		Shawnee	3580		Heebner Sh	4400		KC	4866		Swope	5116		Ft. Scott	5400		Cherokee B	5624	
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CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Conductor	30"	20"		60	Ready Mix		
Surface	12 1/4"	8 5/8"	24	1185	MidConll Premuim	325+150	3%cc,1/4#flocele,10%fwca

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

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