

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed
AMENDED

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: Duke Energy Services **KCC**

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. _____

9/24/2005 10/11/2005 11/15/2005

Spud Date or 9/24/2005 Date Reached TD 10/11/2005 Completion Date or 11/15/2005 Recompletion Date

API No. 15 - 15-025-21317-00-00

County: Clark

S/2 NW NE NE Sec. 15 Twp. 34 S. R. 23 East West
580' feet from S / (circle one) Line of Section

1000' feet from (circle one) W Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW
Lease Name: Hawkeye Well #: 15 #1A

Field Name: Big Sand Creek

Producing Formation: Mississippian

Elevation: Ground: 1902.5 Kelly Bushing: 1912.5

Total Depth: 5825' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 1180 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 AH I SB
(Data must be collected from the Reserve Pit) S-L-08

Chloride content _____ 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.: _____

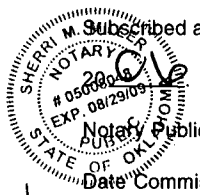
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: CEO Date: 08/02/2006

Subscribed and sworn to before me this 2 day of August



Notary Public: Sherri M. Miller

Date Commission Expires: 08/29/2009

KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

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AUG 07 2006

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Side Two

Operator Name: Keith F. Walker Oil & Gas Company, L.L.C. Lease Name: Hawkeye Well #: 15 #1A
 Sec. 15 Twp. 34 S. R. 23 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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner Shale	4260
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	4476
List All E. Logs Run:		Stark Shale	4938
		Pawnee	5222
		Fort Scott	5248

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Induction,SDL/DSN, Microlog

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		20"		110'	Ready Mix		
Surface		8 5/8"	24#	1180'	Midcon Class G	380+150	
Production		4 1/2"	11.6#	5810'	Class H		

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
4	5516'-5526' with 41 total shots with 3 1/8" gun	2000 gallons of 15% HCl and 80,000 gallons fresh water	5516-5526

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2 3/8"	5560'	None		
Date of First, Resumerd Production, SWD or Enhr.		Producing Method				
07/25/2006		<input type="checkbox"/> Flowing <input checked="" 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	
	3.3	240 MCFD	18.3			

Disposition of Gas		METHOD OF COMPLETION		Production Interval	
<input type="checkbox"/> Vented	<input checked="" type="checkbox"/> Sold	<input type="checkbox"/> Used on Lease	<input type="checkbox"/> Open Hole	<input checked="" type="checkbox"/> Perf.	<input type="checkbox"/> Dually Comp.
<i>(If vented, Submit ACO-18.)</i>			<input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Commingled

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ORIGINAL

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Contractor: Name: Big "A" Drilling
License: 31572
Wellsite Geologist: Mike Rice

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Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW 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. _____

9/24/2005 10/11/2005 11/15/2005
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15-025-21317-00-00
County: Clark
S/2 NW NE NE Sec. 15 Twp. 34 S. R. 23 East West
580' feet from S (N) (circle one) Line of Section
1000' feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
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Producing Formation: Mississippian
Elevation: Ground: 1902.5 Kelly Bushing: 1912.5
Total Depth: 5825' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 1180 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 AH. I WHM
(Data must be collected from the Reserve Pit) S-1-07
Chloride content _____ 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.: _____

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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: CEO Date: 1/17/2006

Subscribed and sworn to before me this 17 day of January,
20 06.

Sherrin M. Miller
Expires: 08/29/2009



KCC Office Use ONLY
 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: Hawkeye Well #: 15 #1A
 Sec. 15 Twp. 34 S. R. 23 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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
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Induction,SDL/DSN, Microlog

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TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8"	5560'	None	<input type="checkbox"/> Yes <input checked="" 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)			
N/A				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
		800		

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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Keith F. Walker
Oil & Gas Company, LLC

**HAWKEYE 15 #1A
DRILL STEM TEST REPORT**

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INTERVAL TESTED: 5500' (KB) – 5549' (KB)(TVD)

TIME TOOL OPEN: 20:07:30

TIME TOOL CLOSED: 06:43:45

FLOWING PRESSURE(S): 1) 76.19 PSIG 2) 91.48 PSIG

SHUT-IN PRESSURE(S): 1)End) 1285.95 PSIG 2)End) 585.03 PSIG

HYDROSTATIC PRESSURES: Initial) 2609.74 PSIG Final) 2520.46 PSIG

FLUID RECOVERY: 120 FEET OF GCM- 100% MUD

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