

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 32254
 Name: Le Norman Energy Corporation
 Address: P.O. Box 1024
 City/State/Zip: Duncan, Oklahoma 73534
 Purchaser: _____
 Operator Contact Person: Joyce Williams
 Phone: (580) 252-2085
 Contractor: Name: Boderline Well Service
 License: _____
 Wellsite Geologist: none
 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: KEATING #1-14
 Original Comp. Date: 09/23/75 Original Total Depth: 6055'
 _____ 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. _____
 05/16/02 _____ 05/28/02
 Spud Date or _____ Date Reached TD _____ Completion Date or
 Recompletion Date _____ Recompletion Date

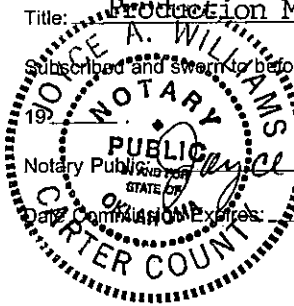
API No. 15 - 175-20258-0001
 County: Seward
C NE NW SE Sec. 14 Twp. 34 S. R. 31 East West
2210' feet from (S) / N (circle one) Line of Section
1650' feet from (E) / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE (SE) NW SW
 Lease Name: KEATING Well #: 1-14
 Field Name: ARKALON
 Producing Formation: MORROW/ CHESTER/ CHEROKEE
 Elevation: Ground: 2573' Kelly Bushing: _____
 Total Depth: 6055' Plug Back Total Depth: 6050'
 Amount of Surface Pipe Set and Cemented at 1392' Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from _____
 feet depth to _____ wl. _____ sx cmt.
 Drilling Fluid Management Plan Williams Log 11-08-02
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used _____
 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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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: Dale W. Lamb
 Title: Production Manager Date: 11/08/2008
 Subscribed and sworn to before me this 8 day of November 2002.
 Notary Public: Joyce Williams #99001421
 Date: Jan. 25, 2003



KCC Office Use ONLY

NO Letter of Confidentiality Attached
 If Denied, Yes Date: _____
NO Wireline Log Received
NO Geologist Report Received
 _____ UIC Distribution

Operator Name: Le Norman Energy Corporation Lease Name: KEATING Well #: 1-14
 Sec. 14 Twp. 34 S. R. 31 East West County: Seward

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken Yes <input checked="" type="checkbox"/> No Electric Log Run Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: SEE ORIGINAL	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Log Name</td> <td style="width:40%;">Formation (Top), Depth and Datum</td> <td style="width:30%;">Sample Datum</td> </tr> <tr> <td colspan="3" style="text-align: center;">SEE ORIGINAL</td> </tr> </table>	Log Name	Formation (Top), Depth and Datum	Sample Datum	SEE ORIGINAL		
Log Name	Formation (Top), Depth and Datum	Sample Datum					
SEE ORIGINAL							

CASING RECORD New 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
SEE ORIGINAL							

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 (Amount and Kind of Material Used)	Depth
4	5336'-5344'	5336'-5374' W/ 3000 GAL 7 1/2% HCL ACII	
4	5366'-5374'		
4	5656'-5680'	5630'-5680' W/ 1000GAL 7 1/2% JC; ACID	
4	5630'-5638'		

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	No
		2 3/8"	5707'			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date of First, Resumed Production, SWD or Enhr.		Producing Method					
06/08/2002		Flowing		<input checked="" type="checkbox"/> Pumping		Gas Lift	
				Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio
	0		TRACE				

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Sumit ACO-18.) Other (Specify)