

For KCC Use:
 Effective Date: 4-10-06
 District # 3
 SGA? Yes No

KANSAS CORPORATION COMMISSION
 OIL & GAS CONSERVATION DIVISION
NOTICE OF INTENT TO DRILL
Must be approved by KCC five (5) days prior to commencing well

Form C-1
 December 2002
 Form must be Typed
 Form must be Signed
 All blanks must be Filled

APR 04 2006

Expected Spud Date April 10, 2006
 month day year

OPERATOR: License# 33344 ✓
 Name: Quest Cherokee LLC
 Address: 9520 North May Avenue, Suite 300
 City/State/Zip: Oklahoma City, Oklahoma 73120
 Contact Person: Richard Marlin
 Phone: (405) 286-9316

CONTRACTOR: License# Will be licensed by the KCC ✓
 Name: Will advise on the ACO-1

| Well Drilled For: | Well Class: | Type Equipment: |
|--|-----------------------------------|--|
| <input type="checkbox"/> Oil | <input type="checkbox"/> Enh Rec | <input checked="" type="checkbox"/> Infield ✓ |
| <input checked="" type="checkbox"/> Gas ✓ | <input type="checkbox"/> Storage | <input type="checkbox"/> Mud Rotary |
| <input type="checkbox"/> CWO | <input type="checkbox"/> Disposal | <input checked="" type="checkbox"/> Air Rotary ✓ |
| <input type="checkbox"/> Seismic; _____ # of Holes | <input type="checkbox"/> Wildcat | <input type="checkbox"/> Cable |
| <input checked="" type="checkbox"/> Other <u>Coalbed Methane</u> | <input type="checkbox"/> Other | |

If OWWO: old well information as follows:
 Operator: _____
 Well Name: _____
 Original Completion Date: _____ Original Total Depth: _____ ✓

Directional, Deviated or Horizontal wellbore? Yes No
 If Yes, true vertical depth: _____
 Bottom Hole Location: _____
 KCC DKT #: _____

CONSERVATION DIVISION
 WICHITA, KS

Spot _____ NE - NE Sec. 1 Twp. 29 S. R. 15 East West
660 feet from N / S Line of Section
660 feet from E / W Line of Section

Is SECTION Regular Irregular?
 (Note: Locate well on the Section Plat on reverse side)

County: Wilson
 Lease Name: Wambsganss, Roger M. Well #: 1-1
 Field Name: Cherokee Basin CBM

Is this a Prorated / Spaced Field? Yes No
 Target Formation(s): Cherokee Coals
 Nearest Lease or unit boundary: 660

Ground Surface Elevation: 875 feet MSL
 Water well within one-quarter mile: Yes No ✓
 Public water supply well within one mile: Yes No ✓

Depth to bottom of fresh water: 100
 Depth to bottom of usable water: 200
 Surface Pipe by Alternate: 1 2 ✓
 Length of Surface Pipe Planned to be set: 25 ✓

Length of Conductor Pipe required: _____
 Projected Total Depth: 1500
 Formation at Total Depth: Cherokee Coals ✓

Water Source for Drilling Operations:
 Well Farm Pond Other Air

DWR Permit #: _____
 (Note: Apply for Permit with DWR)
 Will Cores be taken? Yes No ✓
 If Yes, proposed zone: _____

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq.
 It is agreed that the following minimum requirements will be met:

1. Notify the appropriate district office **prior** to spudding of well;
2. A copy of the approved notice of intent to drill **shall be** posted on each drilling rig;
3. The minimum amount of surface pipe as specified below **shall be set** by circulating cement to the top; in all cases surface pipe **shall be set** through all unconsolidated materials plus a minimum of 20 feet into the underlying formation.
4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary **prior to plugging**;
5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
6. If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within **120 days** of spud date.
 Or pursuant to Appendix "B" - Eastern Kansas surface casing order #133,891-C, which applies to the KCC District 3 area, alternate II cementing must be completed within 30 days of the spud date or the well shall be plugged. **In all cases, NOTIFY district office** prior to any cementing.

I hereby certify that the statements made herein are true and to the best of my knowledge and belief.
 Date: 4/3/06 Signature of Operator or Agent: Richard Marlin Title: VP

For KCC Use ONLY

API # 15 - 205-26508-00-00

Conductor pipe required NONE feet

Minimum surface pipe required 20' feet per Alt. **X 2**

Approved by: DPW 4-5-06

This authorization expires: 10-5-06
 (This authorization void if drilling not started within 6 months of approval date.)

Spud date: _____ Agent: _____

Remember to:

- File Drill Pit Application (form CDP-1) with Intent to Drill;
- File Completion Form ACO-1 within 120 days of spud date;
- File acreage attribution plat according to field proration orders;
- Notify appropriate district office 48 hours prior to workover or re-entry;
- Submit plugging report (CP-4) after plugging is completed;
- Obtain written approval before disposing or injecting salt water.
- If this permit has expired (See: authorized expiration date) please check the box below and return to the address below.

Well Not Drilled - Permit Expired
 Signature of Operator or Agent: _____
 Date: _____

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

1 29 155

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

Plat of acreage attributable to a well in a prorated or spaced field

If the intended well is in a prorated or spaced field, please fully complete this side of the form. If the intended well is in a prorated or spaced field complete the plat below showing that the well will be properly located in relationship to other wells producing from the common source of supply. Please show all the wells and within 1 mile of the boundaries of the proposed acreage attribution unit for gas wells and within 1/2 mile of the boundaries of the proposed acreage attribution unit for oil wells.

API No. 15 - _____
 Operator: Quest Cherokee LLC
 Lease: Wambsganss, Roger M.
 Well Number: 1-1
 Field: Cherokee Basin CBM

Location of Well: County: Wilson
 _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section
 Sec. 1 Twp. 29 S. R. 15 East West

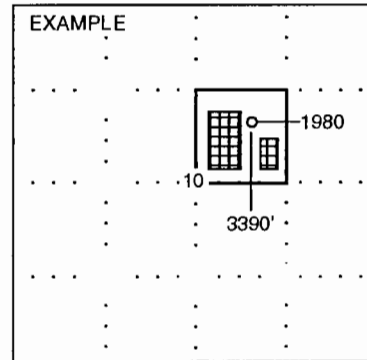
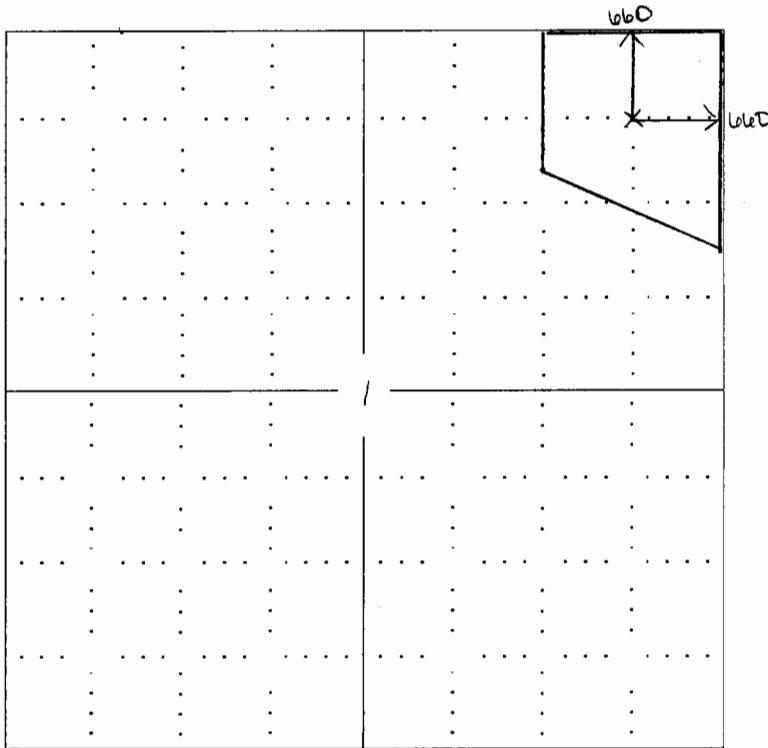
Number of Acres attributable to well: _____
 QTR / QTR / QTR of acreage: _____ - NE - NE

Is Section: Regular or Irregular

If Section is Irregular, locate well from nearest corner boundary.
 Section corner used: NE NW SE SW

PLAT

*(Show location of the well and shade attributable acreage for prorated or spaced wells.)
 (Show footage to the nearest lease or unit boundary line.)*



NOTE: In all cases locate the spot of the proposed drilling location.

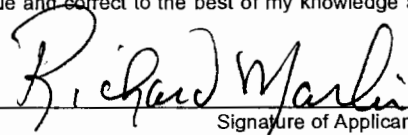
In plotting the proposed location of the well, you must show:

1. The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.
2. The distance of the proposed drilling location from the section's south / north and east / west.
3. The distance to the nearest lease or unit boundary line.
4. If proposed location is located within a prorated or spaced field a certificate of acreage attribution plat must be attached: (CO-7 for oil wells; CG-8 for gas wells).

APPLICATION FOR SURFACE PIT

Submit in Duplicate

**CONSERVATION DIVISION
 WICHITA, KS**

| | | |
|---|---|---|
| Operator Name: Quest Cherokee LLC | | License Number: 33344 |
| Operator Address: 9520 North May Avenue, Suite 300 Oklahoma City, Oklahoma 73120 | | |
| Contact Person: Richard Marlin | | Phone Number: (405) 286 - 9316 |
| Lease Name & Well No.: Wambsganss, Roger M. #1-1 | | Pit Location (QQQQ): _____ - _____ - NE - NE Sec. 1 Twp. 29 R. 15 <input checked="" type="checkbox"/> East <input type="checkbox"/> West 660 Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section 660 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section Wilson County |
| Type of Pit: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit <i>(If WP Supply API No. or Year Drilled)</i> | Pit is: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed: _____ Pit capacity: 300 (bbls) | |
| Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Chloride concentration: _____ mg/l <i>(For Emergency Pits and Settling Pits only)</i> |
| Is the bottom below ground level? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Artificial Liner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | How is the pit lined if a plastic liner is not used? |
| Pit dimensions (all but working pits): 30 Length (feet) 10 Width (feet) _____ N/A: Steel Pits Depth from ground level to deepest point: 10 (feet) | | |
| If the pit is lined give a brief description of the liner material, thickness and installation procedure. | | Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring. Air Drilled Operation lasting approx 3 days |
| Distance to nearest water well within one-mile of pit NA feet Depth of water well _____ feet | | Depth to shallowest fresh water _____ feet. Source of information: _____ measured _____ well owner _____ electric log _____ KDWR |
| Emergency, Settling and Burn Pits ONLY: Producing Formation: _____ Number of producing wells on lease: _____ Barrels of fluid produced daily: _____ Does the slope from the tank battery allow all spilled fluids to flow into the pit? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Drilling, Workover and Haul-Off Pits ONLY: Type of material utilized in drilling/workover: Air Drilled Number of working pits to be utilized: One Abandonment procedure: Air Dry, Back Fill and Cover _____ Drill pits must be closed within 365 days of spud date. |
| I hereby certify that the above statements are true and correct to the best of my knowledge and belief. | | |
| Date: 4/3/06 | | Signature of Applicant or Agent:  |

15205 265080000

| | | | |
|------------------------------|----------------------|----------------------------|---|
| KCC OFFICE USE ONLY | | | |
| Date Received: 4/4/06 | Permit Number: _____ | Permit Date: 4/4/06 | Lease Inspection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |