KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION NOTICE OF INTENT TO DRILL WILL All Manks must be Filled Must be approved by KCC five (5) days prior to commencing we Expected Spud Date ______ Spot ___ Sec. 27 Twp. 9 S. R. 26 dav 5F- SE - SW feet from N/VS Line of Section feet from E/VW Line of Section 440 OPERATOR: License# 5474 Name: NORTHERN LIGHTS OIL CO., LC Address: P.O. BOX 164 City/State/Zip: ANDOVER, KS 67002 (Note: Locate well on the Section Plat on reverse side) Contact Person: KURT SMITH County: SHERIDAN Phone: 316-733-1515 Lease Name: KATHERINE

Type Equipment:

✓ Mud Rotary

Air Rotary

Cable

Original Total Depth:

December 2002

✓ West

feet MSI

Form must be Typed

Form must be Signed

_Well #: 1

AFFIDAVIT

Field Name: WC

Is this a Prorated / Spaced Field?

Ground Surface Elevation: 2610

Water well within one-quarter mile:

Nearest Lease or unit boundary: 440'

Public water supply well within one mile:

Depth to bottom of fresh water: 200

Length of Surface Pipe Planned to be set: 250

Formation at Total Depth: MARMATON

Other

(Note: Apply for Permit with DWR)

Depth to bottom of usable water: ___

Length of Conductor Pipe required: ___

Water Source for Drilling Operations:

Well

✓ Farm Pond

DWR Permit #: ...

Will Cores be taken? If Yes, proposed zone: _

Projected Total Depth: 3800'

Target Formation(s): LKC

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:

Yes ✓ No

1. Notify the appropriate district office prior to spudding of well;

Well Class:

Infield

Pool Ext.

Wildcat

CONTRACTOR: License# 4958

Well Drilled For:

Enh Rec

Storage

Disposal

If OWWO: old well information as follows:

Directional, Deviated or Horizontal wellbore?

Original Completion Date:___

If Yes, true vertical depth:____

Bottom Hole Location:_

KCC DKT #:

of Holes

Name: MALLARD JV

√ Oil **✓**

Gas

OWWD

Other

Operator:

Well Name:

Seismic:

- 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;
- 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.

5. The appropriate district office will be notified before well is either plugged or production casing is cemented in; If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within 120 days of spud date. I hereby certify that the statements made herein are true and to the best of my knowledge and belief. 4-4-06 Signature of Operator or Agent: Title: Exporation MNGR. Remember to: - File Drill Pit Application (form CDP-1) with Intent to Drill; API # 15 - 179-21151-00-00 File Completion Form ACO-1 within 120 days of spud date; File acreage attribution plat according to field proration orders; Mone Conductor pipe required___ Notify appropriate district office 48 hours prior to workover or re-entry; Minimum surface pipe required 250 Submit plugging report (CP-4) after plugging is completed; Approved by: Pet 4-7-06 Obtain written approval before disposing or injecting salt water. This authorization expires: 10-7-06 If this permit has expired (See: authorized expiration date) please check the box below and return to the address below. (This authorization void if drilling not started within 6 months of effective date.) Well Not Drilled - Permit Expired Signature of Operator or Agent: Spud date: Agent: Date: Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

APR as 1 3

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

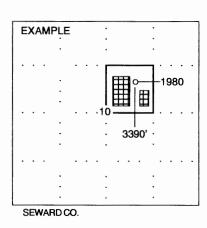
If the intended well is in a prorated or spaced field, please fully complete this side of the form. If the intended well is in a prorated or spaced field complete the plat below showing that the well will be properly located in relationship to other wells producing from the common source of supply. Please 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- 179-21151-00-00	Location of Well: County: SHERIDAN	
Operator: NORTHERN LIGHTS OIL CO., LC Lease: KATHERINE	440 feet from N / ✓ S Line of Section 2160 feet from E / ✓ W Line of Section	
Well Number: 1 Field: WC	Sec. 27 Twp. 9 S. R. 26 East ✓ Wes	
Number of Acres attributable to well:	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.)

			26h
			•
	:	· · · · · · · · · · · · · · · · · · ·	· · · · · ·
	· · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	2	7	•
		NL	· ·
: :	2160'F		
· .	/ :	1256	
£		440'FSL	· · · · · · · · · · · · · · · · · · ·
	4		•



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

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: (C0-7 for oil wells; CG-8 for gas wells).

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CDP-1
April 2004
Form must be Typed

APPLICATION FOR SURFACE PIT

Submit in Duplicate

Operator Name: NORTHERN LIGHTS OIL CO., LC		License Number: 5474		
Operator Address: P.O. BOX 164,	ANDOVER,	KS 67002		
Contact Person: KURT SMITH		Phone Number: (316) 733 - 1515		
Lease Name & Well No.: KATHERINE #1		Pit Location (QQQQ):		
Type of Pit:	Pit is:		SESW	
Emergency Pit Burn Pit	✓ Proposed	Existing	Sec. 27 Twp. 9 R. 26 ☐ East ✓ West	
Settling Pit	If Existing, date c	onstructed:	440 Feet from North / ✓ South Line of Secti	
Workover Pit Haul-Off Pit	Dit annualt o		2160 Feet from ☐ East / ✓ West Line of Secti	
(If WP Supply API No. or Year Drilled)	Pit capacity: 6500	(bbls)	SHERIDAN Cour	
Is the pit located in a Sensitive Ground Water	Area? Yes	No	Chloride concentration:mg/	
			(For Emergency Pits and Settling Pits only)	
Is the bottom below ground level? Yes No	Artificial Liner? ✓ Yes	No	How is the pit lined if a plastic liner is not used?	
Pit dimensions (all but working pits):	BO Length (fe	eet) 80	Width (feet) N/A: Steel Pits	
Depth f	rom ground level to de	eepest point: 3	(feet)	
		dures for periodic maintenance and determining		
		liner integrity, including any special monitoring.		
Distance to nearest water well within one-mile of pit Depth to shallo		west fresh water 140 feet. 3		
2000 fact Donth of water wall 140 fact		Source of infor	mation: redwell owner electric log KDWR	
feet Depth of water wellfeet Emergency, Settling and Burn Pits ONLY:				
Producing Formation:		1	Drilling, Workover and Haul-Off Pits ONLY: Type of material utilized in drilling/workover: FRESH	
Number of producing wells on lease:			king pits to be utilized: 2 v-pit & reserve	
			Abandonment procedure: Evaporate & Backfill	
Does the slope from the tank battery allow all	spilled fluids to			
		be closed within 365 days of spud date.		
I hereby certify that the above state	ements are true and o	correct to the best	of my knowledge and belief	
			- //	
4-4-06		(6		
Date		S	greature of Applicant or Agent	
	KCC	OFFICE USE OF	ily	
Date Received: 4/5/04 Permit Num			1/-/-	
Date Received: Y/S/OC Permit Num	iber:	Permi	Date: 4/5/06 Lease Inspection: Yes No	