	COR-Spot, NLB, GSE
	####
FORKCO USE: 2 LOB KANSAS CORPO	PRATION COMMISSION Form C
Effective Date: OIL & GAS CON	ISERVATION DIVISION COMPANY December 200
District #	NTENT TO DRILL Form must be Signed
	All blacks must be Fille
Must be approved by KCC III	ve (5) days prior to commencing well
Expected Spud Date 2/22/06	<b>6</b>
month day year	Spot Swa Swa 31 27 15E
	560 Sw4 Sw4 Sec. 31 Twp. 27 S. R. 15E Wes
OPERATOR: License# 33342	feet from N / V S Line of Section feet from E / V W Line of Section
Name: Blue Jay Operating LLC Address: 4916 Camp Bowie Blvd., Suite 204	Is SECTION Regular Irregular?
Address: For Worth TX 76107	is Sectionnegularirregular?
City/State/Zip: Fort Worth, TX 76107	(Note: Locate well on the Section Plat on reverse side)
Contact Person: Bob McNew Phone: 918-625-4180	County: Wilson
Phone:	Lease Name: Bennett E. Well #: A-1 Field Name: Cherokee Basin Coal Gas.
CONTRACTOR: License# 33072	
Name: Well Refined Drilling Co., Inc.	Is this a Prorated / Spaced Field?
	Target Formation(s): Mississippian  Nearest Lease or unit boundary: \$60' 330'
Well Drilled For: Well Class: Type Equipment:	4
Oil Enh Rec 🗸 Infield Mud Rotary	
✓ Gas Storage Pool Ext. ✓ Air Rotary	
OWWO Disposal Wildcat Cable	Public water supply well within one mile:  Depth to bottom of fresh water: 100+
Seismic;# of Holes Other	Depth to bottom of usable water: 200+
Other	Surface Pipe by Alternate: 1 2
If OWNAIO: and wall information on follows:	Length of Surface Pipe Planned to be set: 40' Minimum
If OWWO: old well information as follows:	Length of Conductor Pipe required: Nane
Operator:	Projected Total Depth: 1350'
Original Completion Date:Original Total Depth:	Formation at Total Depth: Mississippian
	Water Source for Drilling Operations:
Directional, Deviated or Horizontal wellbore?	Well 🗸 Farm Pond Other
if Yes, true vertical depth:	DWR Permit #:
Bottom Hole Location: C-SW-SW IS: W/2-SW-SW	(Note: Apply for Permit with DWR )
KOO DICHII MAS: C-30-30 TO	Will Cores be taken?Yes ✓
+ WAS: 660 FWL IS: 330 FWL	If Yes, proposed zone:
3 WAS: 660' IS: 330'	EFIDAVIT
and Surface Elevation WAS: 846.7° IS: 837.64 The undersigned hereby affirms that the drilling, completion and eventual	FFIDAVII
	al plugging of this well will comply with K.S.A. 55 et. seq.
It is agreed that the following minimum requirements will be met:	
Notify the appropriate district office <i>prior</i> to spudding of well;	1.196
2. A copy of the approved notice of intent to drill <b>shall be</b> posted on	each drilling rig;  e 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 in	
,	he district office on plug length and placement is necessary prior to plugging
5. The appropriate district office will be notified before well is either	
	nented from below any usable water to surface within 120 days of spud date.
must be completed within 30 days of the sould date or the well st	der #133,891-C, which applies to the KCC District 3 area, alternate II cement hall 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 be	
Date: 2/22/06 Signature of Operator or Agent:	Watt An Kappart Title: Agent
Signature of Operator of Agents	
Par MOO Har ONLY	Remember to:
API # 15 - 205 - 26390-0000	- File Drill Pit Application (form CDP-1) with Intent to Drill;
API # 15 - 66 00 600 000	- File Completion Form ACO-1 within 120 days of spud date;

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

Conductor pipe required

Spud date:\_

This authorization expires: 8-34-06

(This authorization void if drilling not started within 6 months of approval date.)

\_ Agent:\_

RECEIVED

MAR 0 8 2006

KCC WICHITA

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.

Date:.

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

If this permit has expired (See: authorized expiration date) please check the box below and return to the address below.