KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

OIL & GAS CONSERVATION DIVISION

For KCC Use:

Effective Date: 5-15-06

District # No No

NOTICE OF INTENT TO DRILL

Must be approved by KCC five (5) days prior to commencing well

Expected Spud Date month day year	SE SW SE Sec 3 Twp 34 S. R 37 X West
OPERATOR: License # 5278	feet from N/S X Line of Section 1820 feet from X E/W Line of Section
Name: EOG Resources, Inc.	Is SECTION X Regular Irregular?
Address: 3817 NW Expressway, Suite 500	(Note: Locate well on Section Plat on Reverse Side)
City/State/Zip: Oklahoma City, Oklahoma 73112	
Contact Person: EREANNA VARCAS	County: STEVENS
Phone: 405-246-3158	Lease Name: MAURINE Well #: 3 #1
CONTRACTOR: License #:30684	Field Name: Is this a Prorated/Spaced Field? Yes X No
Name: ABERCROMBIE RID, INC.	Target Formation(s): ST. LOUIS
Well Drilled For: Well Class: Type Equipment:	Nearest Lease or unit boundary: 330' Ground Surface Elevation: 3118' feet MSL
	Water well within one-quarter mile: yes x no
Oil Enh Rec Infield X Mud Rotary	Public water supply within one mile: yes x no
X Gas Storage Pool Ext. Air Rotary	Depth to bottom of fresh water:
OWWO Disposal Wildcat Cable	Depth to bottom of usable water: 680 '
Seismic; # of Holes Other	Surface Pipe by Alternate: X1 2
Other	Length of Surface Pipe Planned to be set: 1700'
If OWWO: old well information as follows:	Length of Conductor pipe required: 40'
Operator: ————————————————————————————————————	
Well Name:	
Original Completion Date: Original Total Depth	Formation at Total Depth: ST. LOUIS Water Source for Drilling Operations:
Directional, Deviated or Horizontal wellbore? Yes X No	\ -
If yes, true vertical depth:	
Bottom Hole Location	DWR Permit #:
KCC DKT #	*(Note: Apply for Permit with DWR X)
Prorated & spaced Hugoton & Panoma	Will Cores Be Taken?: Yes X No
/ for what is on	If you proposed zone:
A = ==	If yes, proposed zone:
AFF	DAVIT RECEIVED
The undersigned hereby affirms that the drilling, completion and eventual plugg	DAVIT RECEIVED
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IN ALL CASES PLOT THE INTENTED WELL ON THE PLAT BELOW

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

If the intented well is in a prorated or spaced field, please fully complete this side of the form. If the intented 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 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 EOG RESOURCES, INC. Lease MAURINE Well Number 3 #1 Field	Location of Well: County: STEVENS 330 feet from N / S X Line of Section 1820_ feet from X E / W Line of Section Sec 3 Twp 34 S. R 37 East X West
Number of Acres attributable to well:	Is Section X Regular or Irregular
QTR/QTR of acreage: <u>SE</u> - <u>SW</u> - <u>SE</u>	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 nearest lease or unit boundary line)

		. ,	
		EXAMPLE	1980'
		1	<i>(/%//</i> /
	•	SEWARD CO.	↓

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

- 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; and 3.
- 3. The distance to the nearest lease or unit boundary line.
- If proposed location is located within a prorated or spaced field a certificate of acreage attribution plat mus be attached: (CO-7 for oil wells; CG-8 for gas wells).

RECEIVED KANSAS CORPORATION COMMISSION

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

MAY 0 9 2006

Form CDP-1 April 2004 Form must be Typed

APPLICATION FOR SURFACE PIPONSERVATION DIVISION WICHITIA, KS

Submit in Duplicate

Operator Name: EOG Resources	, Inc.		License Number: 5278	
Operator Address: 3817 NW Exp	oressway S	Suite # 50	OO Oklahoma City, OK 73112	
Contact Person: Breanna Vargas			Phone Number: (405) 246 - 3158	
Lease Name & Well No.: Maurine 3 #1		Pit Location (QQQQ):		
Type of Pit:	Pit is:		<u>W/2</u> _ SE _ SW _ SE	
Emergency Pit Burn Pit	✓ Proposed Existing		Sec. 3 Twp. 34S R. 37 ☐ East ✓ West	
Settling Pit	If Existing, date constructed:		330 Feet from North / South Line of Section	
Workover Pit Haul-Off Pit	Dit annuitus		1820 Feet from 🗸 East / West Line of Section	
(If WP Supply API No. or Year Drilled)	Pit capacity: 12,50	0 (bbls)	Stevens County	
Is the pit located in a Sensitive Ground Water			Chloride concentration:mg/l	
			(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):	25 Length (fe	eet) 125	Width (feet) N/A: Steel Pits	
Depth fr	om ground level to de	eepest point:	(feet)	
material, thickness and installation procedure		iner integrity, ii	including any special monitoring.	
Distance to nearest water well within one-mile	stance to nearest water well within one-mile of pit Depth to shallo Source of infor		owest fresh water 210 20 reet.	
2685 feet Depth of water well	6 Ol feet ✓ measo		uredwell owner electric logKDWR	
Emergency, Settling and Burn Pits ONLY: Drilling, Work		Drilling, Work	cover and Haul-Off Pits ONLY:	
Producing Formation: Type of material utilized in drilling/workover: Gel			al utilized in drilling/workover: Gel	
Number of producing wells on lease: Number of working pits to be utilized: None				
Barrels of fluid produced daily:			procedure: Evaporation/dewater and backfilling	
Does the slope from the tank battery allow all spilled fluids to flow into the pit? Yes No Drill pits must be		oe closed within 365 days of spud date.		
I hereby certify that the above state	ements are true and o	correct to the best	st of my knowledge and belief.	
5/04/06 Date		BU	Signature of Applicant for Agent	
KCC OFFICE USE ONLY				
Date Received: ≤ Q O⊂Permit Num	ber:	Perm	nit Date: 5 9 0 6 Lease Inspection: Yes 🔏 No	