

For KCC Use:
Effective Date: 6-7-06
District # 1
SGA? Yes No

NOTICE OF INTENT TO DRILL

JUN 01 2006

Form must be Typed
Form must be Signed

All blanks must be Filled

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

CONSERVATION DIVISION
WICHITA, KS

Expected Spud Date _____
month day year

Spot _____ East
NE SW NW Sec 19 Twp 34 S. R. 33 West

OPERATOR: License # 5278 ✓
Name: EOG Resources, Inc.
Address: 3817 NW Expressway, Suite 500
City/State/Zip: Oklahoma City, Oklahoma 73112
Contact Person: Breanna Vargas
Phone: 405-246-3158

1450 feet from N / S Line of Section
1300 feet from E / W Line of Section
Is SECTION Regular Irregular?

(Note: Locate well on Section Plat on Reverse Side)

CONTRACTOR: License #: 30684 ✓
Name: Abercrombie Rtd, Inc.

County: SEWARD
Lease Name: P. J. TRUST Well #: 19 #1
Field Name: _____

Is this a Prorated/Spaced Field? Yes No

Target Formation(s): CHESTER

Nearest Lease or unit boundary: 1300'

Ground Surface Elevation: 2881 feet MSL

Water well within one-quarter mile: yes no

Public water supply within one mile: yes no

Depth to bottom of fresh water: 600'

Depth to bottom of usable water: 700'

Surface Pipe by Alternate: 1 2

Length of Surface Pipe Planned to be set: 1700'

Length of Conductor pipe required: 40'

Projected Total Depth: 6400'

Formation at Total Depth: CHESTER

Water Source for Drilling Operations:

Well Farm Pond Other _____

DWR Permit #: _____

(Note: Apply for Permit with DWR)

Will Cores Be Taken?: Yes No

If yes, proposed zone: _____

Well Drilled For: Well Class: Type Equipment:

Oil Enh Rec Infield Mud Rotary ✓
 Gas ✓ Storage Pool Ext. Air Rotary
 OWWO Disposal Wildcat ✓ Cable
 Seismic; _____ # of Holes Other
 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 # _____

Prorated & Spaced Hugoton (Chase) & Saley Chester Gas Pool

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55- 101 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: 5/31/06 Signature of Operator or Agent: Breanna Vargas Title: OPERATIONS ASSISTANT

For KCC Use ONLY
API # 15- 175-22051-0000
Conductor pipe required None feet
Minimum surface pipe required 720 feet per Alt (1) (2)
Approved by: Rut 6-2-06
This authorization expires: 12-2-06
(This authorization void if drilling not started within 6 months of effective 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 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: _____

19-34-33W

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 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- 175-22051-0000
 Operator EOG Resources, Inc.
 Lease P.J. TRUST
 Well Number 19 #1
 Field _____

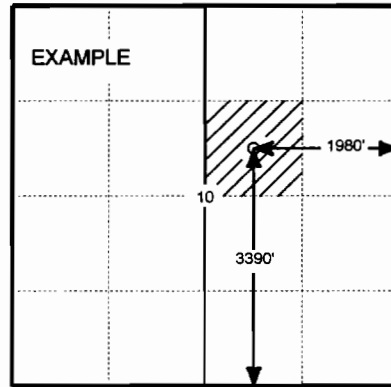
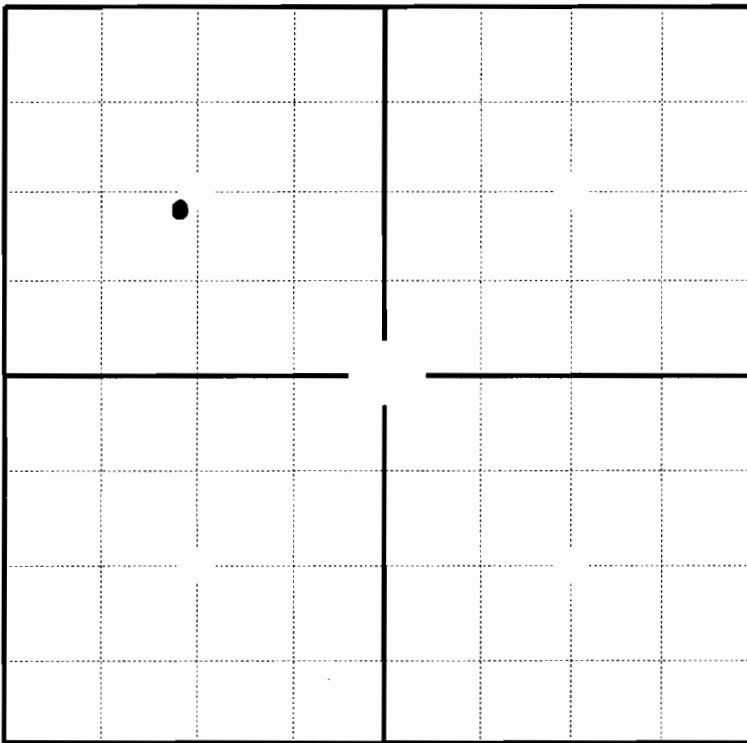
Location of Well: County: SEWARD
 _____ 1450 feet from N / S Line of Section
 _____ 1300 feet from E / W Line of Section
 Sec 19 Twp 34 S. R. 33 East West

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

Is Section X 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 nearest lease or unit boundary line)*



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; and
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).

JUN 01 2006

APPLICATION FOR SURFACE PIT

CONSERVATION DIVISION
WICHITA, KS

Form must be Typed

Submit in Duplicate

Operator Name: EOG Resources, Inc.		License Number: 5278	
Operator Address: 3817 NW Expressway Suite #500		Oklahoma City, OK 73112	
Contact Person: Breanna Vargas		Phone Number: (405) 246 - 3158	
Lease Name & Well No.: P.J. Trust 19 #1		Pit Location (QQQQ): NE . NE . SW . NW	
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 (If WP Supply API No. or Year Drilled)		Pit is: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed: _____ Pit capacity: 12,500 (bbls)	
Is the pit located in a Sensitive Ground Water Area? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Chloride concentration: _____ mg/l (For Emergency Pits and Settling Pits only)	
Is the bottom below ground level? <input checked="" type="checkbox"/> Yes <input 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): 125 Length (feet) 125 Width (feet) _____ N/A: Steel Pits Depth from ground level to deepest point: 5 (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.	
Distance to nearest water well within one-mile of pit 1732 feet Depth of water well 690 feet		Depth to shallowest fresh water 158 160 feet. [Ⓢ] Source of information: KH265 <input checked="" type="checkbox"/> 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: Gel Number of working pits to be utilized: None Abandonment procedure: Evaporation/dewater and backfilling of reserve pit. 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.			
_____ 5/31/06 Date		_____ Signature of Applicant or Agent	
KCC OFFICE USE ONLY			
Date Received: 6/1/06 Permit Number: _____ Permit Date: 6/1/06 Lease Inspection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

15-175-22051-0002