

For KCC Use:  
Effective Date: 8-14-06  
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

Expected Spud Date September 15, 2006  
month day year

OPERATOR: License# 33515  
Name: Double Eagle Resources, LLC  
Address: 507 S 14th St  
City/State/Zip: Fort Smith, AR 72901  
Contact Person: Jeff Hudson  
Phone: 620-779-1679

CONTRACTOR: License# Will be licensed by KCC  
Name: Will advise on 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"/> OWO	<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 type="checkbox"/> Other	<input type="checkbox"/> Other	

If OWO: 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 #: \_\_\_\_\_

Spot \_\_\_\_\_ East  
NW NW Sec. 28 Twp. 32 S. R. 18 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: Labette  
Lease Name: Parks Well #: DER-1  
Field Name: Cherokee Basin Coals  
Is this a Prorated / Spaced Field? ☐ Yes ☒ No  
Target Formation(s): Cherokee Coals  
Nearest Lease or unit boundary: 860  
Ground Surface Elevation: 900 (Topo est) 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: None  
Projected Total Depth: 1200  
Formation at Total Depth: Mississippian  
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: 7/25/06 Signature of Operator or Agent: Jeff Hudson Title: COO

For KCC Use ONLY

API # 15: 099-24052-0000  
Conductor pipe required None feet  
Minimum surface pipe required 20 feet per Alt. **X(2)**  
Approved by: PH 8906  
This authorization expires: 2-9-07  
(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

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**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 - 099-24052-0000  
 Operator: Double Eagle Resources, LLC  
 Lease: Parks  
 Well Number: DER-1  
 Field: Cherokee Basin Coals  
 Number of Acres attributable to well: \_\_\_\_\_  
 QTR / QTR / QTR of acreage: \_\_\_\_\_ NW \_\_\_\_\_ NW

Location of Well: County: Labette  
 660 \_\_\_\_\_ feet from ☒ N / ☐ S Line of Section  
 660 \_\_\_\_\_ feet from ☐ E / ☒ W Line of Section  
 Sec. 28 Twp. 32 S. R. 18 ☒ East ☐ West

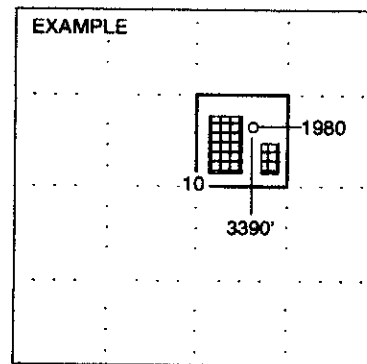
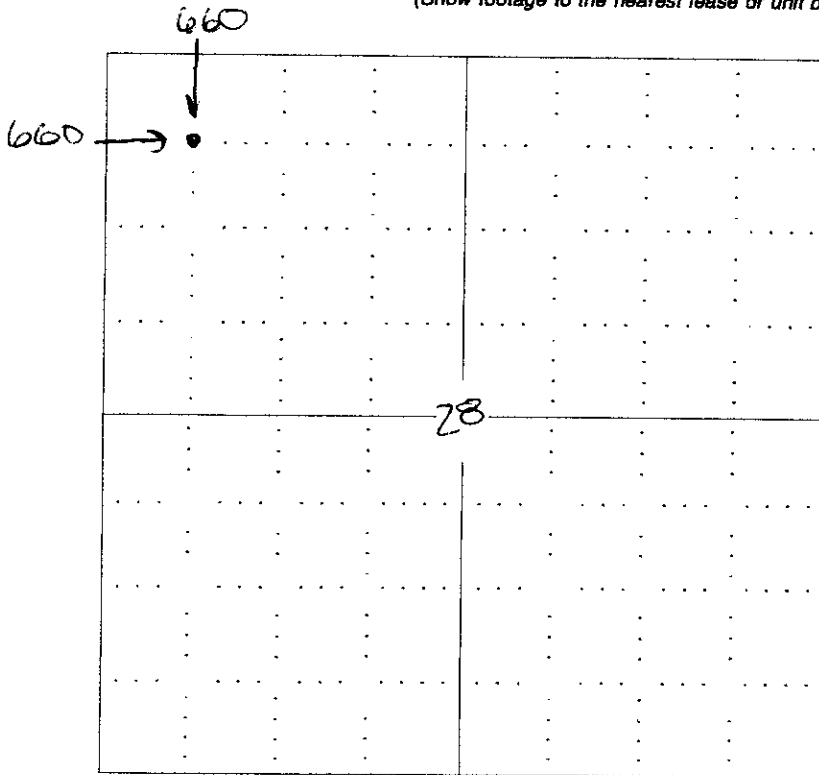
Is Section: ☒ Regular or ☐ Irregular

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).

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**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
APPLICATION FOR SURFACE PIT**

Form CDP-1  
April 2004  
Form must be Typed

*Submit in Duplicate*

Operator Name: <b>Double Eagle Resources, LLC</b>		License Number: <b>33515</b>
Operator Address: <b>507 S 14th St Fort Smith, AR 72901</b>		
Contact Person: <b>Jeff Hudson</b>		Phone Number: ( <b>620</b> ) <b>779</b> - <b>1679</b>
Lease Name & Well No.: <b>Parks DER-1</b>		Pit Location (QQQQ): _____ NW - NW ✓ Sec. <b>28</b> Twp. <b>32</b> R. <b>18</b> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <b>660</b> Feet from <input checked="" type="checkbox"/> North / <input type="checkbox"/> South Line of Section <b>660</b> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <b>Labette</b> _____ 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 <small>(If WP Supply API No. or Year Drilled)</small>	Pit is: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed: _____ Pit capacity: _____ (bbls)	
Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ✓		Chloride concentration: _____ mg/l <small>(For Emergency Pits and Settling Pits only)</small>
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): <u>30</u> Length (feet) <u>35</u> Width (feet) <u>N/A</u> Steel Pits Depth from ground level to deepest point: <u>5</u> (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 <u>Unknown</u> feet    Depth of water well <u>NA</u> feet		Depth to shallowest fresh water <u>Unknown</u> feet. Source of information: <u>NA</u> _____ measured _____ well owner _____ electric log _____ KDWR
<b>Emergency, Settling and Burn Pits ONLY:</b> 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		<b>Drilling, Workover and Haul-Off Pits ONLY:</b> Type of material utilized in drilling/workover: <u>Air</u> Number of working pits to be utilized: <u>One</u> Abandonment procedure: <u>Re-cover</u> _____ 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.		
<u>7/25/06</u> Date		<u>Jeff Hudson</u> Signature of Applicant or Agent

KCC OFFICE USE ONLY			
Date Received: <u>7/27/06</u>	Permit Number: _____	Permit Date: <u>7/27/06</u>	Lease Inspection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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