| For KCC Use: Effective Date: | 8-16-do |
|---------------------------------|---------|
| District # | |
| | . 4 |

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

NOTICE OF INTENT TO DRILL

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

| | (5) days prior to commencing well |
|---|---|
| Expected Spud Date September 6 2006 | Spot East NE NW NE Soc 6 Two 11 S.R. 14 X West |
| OPERATOR: License# 6009 V | Sec. J Twp. 11 S. R. 17 West 420 feet from X N / S Line of Section |
| Name: Double Eagle Exploration, Inc. Address: 221 S. Broadway, #310 | feet from X E / W Line of Section Is SECTION X RegularIrregular? |
| City/State/Zip: Wichita, KS. 67202 | (Note: Locate well on the Section Plat on reverse side) |
| Contact Person: Jim Robinson | County: Russell |
| Phone: 316-264-0422 | Lease Name: Robbins B Well #: 2 |
| CONTRACTOR: License# 5892 | Field Name: Is this a Prorated / Spaced Field? Yes X No |
| Name: Berentz Drilling Co., Inc. | Target Formation(s): Arbuckle - Kansas City |
| Well Drilled For: Well Class: Type Equipment: | Nearest Lease or unit boundary: 330' Ground Surface Elevation: 1720' feet MSL |
| X Oil — Enh Rec X Infield — X Mud Rotary — | Ground Surface Elevation: 1/20 feet MSL Water well within one-quarter mile: X Yes No - |
| Gas Storage Pool Ext. Air Rolary | Public water supply well within one mile: |
| OWWO Disposal Wildcat Cable Seismic: # of Holes Other | Depth to bottom of fresh water: 80' |
| Other | Depth to bottom of usable water: 400 Surface Pipe by Alternate: X 1 2 |
| If OWWO: old well information as follows: | Length of Surface Pipe Planned to be set: 450' |
| Operator: | Length of Conductor Pipe required: None |
| Well Name: | Projected Total Depth: 3700' Formation at Total Depth: Arbuckle |
| Original Completion Date: Original Total Depth: | Formation at Total Depth: ATDUCKLE Water Source for Drilling Operations: |
| Directional, Deviated or Horizontal wellbore? | Well Farm Pond Other City Well |
| If Yes, true vertical depth: | DWR Permit #: |
| Bottom Hole Location: | (Note: Apply for Permit with DWR) |
| KCC DKT #: | Will Cores be taken? Yes X No If Yes, proposed zone: |
| AFF | |
| The undersigned hereby affirms that the drilling, completion and eventual p | FIDAVIT Supplies the state of |
| It is agreed that the following minimum requirements will be met: | |
| Notify the appropriate district office <i>prior</i> to spudding of well; | |
| A copy of the approved notice of intent to drill shall be posted on ea The minimum amount of surface pipe as specified below shall be se | et 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 t | the underlying formation. |
| If the well is dry hole, an agreement between the operator and the c The appropriate district office will be notified before well is either pluj | district office on plug length and placement is necessary <i>prior to plugging</i> ; |
| 6. If an ALTERNATE II COMPLETION, production pipe shall be cemen | ited from below any usable water to surface within 120 days of spud date. |
| Or pursuant to Appendix "B" - Eastern Kansas surface casing order must be completed within 30 days of the spud date or the well shall | r #133,891-C, which applies to the KCC District 3 area, alternate II cementing be plugged. <i>In all cases, NOTIFY district office</i> prior to any cementing. |
| I hereby certify that the statements made herein are true and to the best of | |
| | Pol Title Representative |
| Date: $8-9-06$ Signature of Operator or Agent: | 11100 |
| F 400 II - 01114 | Remember to: |
| For KCC Use ONLY API # 15 167-2338) -0000 | - File Drill Pit Application (form CDP-1) with Intent to Drill; - File Completion Form ACO-1 within 120 days of spud date; |
| Mone | - File acreage attribution plat according to field proration orders; |
| Conductor pipe required 420 feet per Alt 1 | Notify appropriate district office 48 hours prior to workover or re-entry; Submit plugging report (CP-4) after plugging is completed; |
| Approved by: 2ttt 8-11-010 | - Obtain written approval before disposing or injecting salt water. |
| This authorization expires: 2-1/-07 | - If this permit has expired (See: authorized expiration date) please |
| (This authorization void if drilling not started within 6 months of effective date.) | check the box below and return to the address below. |
| Sould date: Agent: | Well Not Drilled - Permit Expired Signature of Operator or Agent: |
| Spud date: Agent: | Date: RECEIVER |

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.

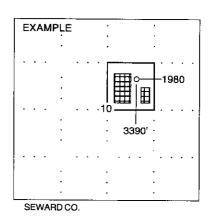
| API No. 15 - 167-23381-0000 | Location of Well: County: Russell |
|---|--|
| Operator: Double Eagle Exploration, Inc. | 420 feet from X N / S Line of Section |
| Lease: Robbins B | |
| Well Number:2 | Sec. 6 Twp. 11 S. R. 14 East X Wesi |
| Field: | |
| Number of Acres attributable to well: | Is Section: K Regular or I Irregular |
| QTR / QTR / QTR of acreage: <u>NE</u> - <u>NW</u> - <u>NE</u> | If Section is Irregular, locate well from nearest corner boundary. |
| | Section corner used: X 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.)

| İ | | | | . | | | |
|-------|---------|-----|-----------|------------|---|---|---|
| ŀ | | | | ١. | | | |
| | | | | | • | | |
| | | | | | | | |
| | | | | : | | | |
| | • | | • | | | | |
| | | | • | . | | , | - |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | • | | • | | • | | • |
| | • | | • | | | | • |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | • | | |
| | | | • | , | | | |
| 1 | • | • | • | ٠. | | | • |
| | • | • | • | | - | | |
| | | | | | | | |
| | | | | | | | |
| | | | | · · | | • | |
| | • . | . , | . ~ | <i>?</i> . | • | • | |
| | • . | | . ~ | <i>?</i> . | • | | |
| | • . | . , | . ~ | - c | • | | |
| | • . | . , | . ~ | <i>?</i> . | • | | |
| | · · · · | | · · · · · | | | | |
| · · · | · | · | · · · · · | <i>-</i> | | | |
| · · · | · | | · · · · · | <i>-</i> | | | |
| · · · | · | | · · · · · | <i>-</i> | | | |
| · · · | · | · | · · · · · | <i>-</i> | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



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: Double Eagle E | xploration, | Inc | License Number: 6009 | | | |
|--|--------------------------------|---------------------------------------|---|-------------|--|--|
| Operator Address: 221 S. Broadwa | y, #310 | Wichita, KS | 67202 | | | |
| Contact Person: Jim Robinson | | | Phone Number: (316) 264 - 0422 | | | |
| Lease Name & Well No.: Robbins "B" #2 | | | Pit Location (QQQQ): | | | |
| Type of Pit: | Pit is: | | <u>- NE - NW - NE</u> | | | |
| Emergency Pit Burn Pit | X Proposed | Existing | Sec. 6 Twp. 11 R. 14 East X We | ∍st | | |
| Settling Pit X Drilling Pit | If Existing, date constructed: | | 420 Feet from North / South Line of | Section | | |
| Workover Pit Haul-Off Pit (If WP Supply API No. or Year Drilled) | Pit capacity: | | | | | |
| - Coppy vi vivo di lear prinody | | 200 (bbls) | Russell | | | |
| Is the pit located in a Sensitive Ground Water | Area? Yes X | No | Chloride concentration: | | | |
| to the hettern below around builts | | | (For Emergency Pits and Settling Pits only) | | | |
| is the bottom below ground level? X Yes No | Artificial Liner? | A1- | How is the pit lined if a plastic liner is not used? | | | |
| | | No | Natural Clay | | | |
| Pit dimensions (all but working pits): $\underline{100}$ | Length (fe | eet)100 | Width (feet) N/A: Steel Pit | ts | | |
| Depth fr | om ground level to de | eepest point: | 6 (feet) | | | |
| If the pit is lined give a brief description of the material, thickness and installation procedure |). | liner integrity, in | dures for periodic maintenance and determining notuding any special monitoring. | | | |
| Distance to nearest water well within one-mile of pit Depth to shallo | | | west fresh water50feet. | | | |
| Producing Source of info | | | NB C | | | |
| | | | rkover and Haul-Off Pits ONLY: Frosh Mud | | | |
| Producing Formation: | | 1 | al utilized in drilling/workover: Fresh Mud | | | |
| Typo of material | | | 3 | X | | |
| i l | | procedure: Allow to dry and back fill | | | | |
| Does the slope from the tank battery allow all spilled fluids to flow into the pit? Yes No | | Drill pits must t | pe closed within 365 days of spud date. | EIVED | | |
| I hereby certify that the above state | ements are true and o | correct to the best | of many lemandards and the Control | - 1 | | |
| | <u></u> | ^ | AUG T | 0 SCC | | |
| <u>8-09-06</u> | | _m_ Lo | hum KCC W | /ICH T | | |
| Date | | Š | gnature of Applicant or Agent | | | |
| KCC OFFICE USE ONLY | | | | | | |
| Date Received: 8 \ \(\oldsymbol{\oldsymbol{O}} \oldsymbol{\oldsymbol{O}} \) Permit Num | ber: | Permi | t Date: 8 1006 Lease Inspection: Yes | No | | |