

*Correction Location
3
Nearest Lease Line

For KCC Use:
Effective Date: 10-30-06
District # 1
SGA? Yes No

NOTICE OF INTENT TO DRILL CORRECTED

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

Expected Spud Date _____ month _____ day _____ year

Spot _____ NE SE NW Sec 24 Twp 34 S. R. 38 East West

OPERATOR: License # 5278
Name: EOG Resources, Inc.
Address: 3817 NW Expressway, Suite 500
City/State/Zip: Oklahoma City, Oklahoma 73112
Contact Person: MINDY BLACK
Phone: 405-246-3130

1780 feet from N / S Line of Section
2310 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: STEVENS
Lease Name: DEBORAH Well #: 24 #1
Field Name: _____
Is this a Prorated/Spaced Field? Yes No
Target Formation(s): MISSISSIPPIAN

Well Drilled For: Well Class: Type Equipment:

- | | | | |
|--|-----------------------------------|---|--|
| <input type="checkbox"/> Oil | <input type="checkbox"/> Enh Rec | <input type="checkbox"/> Infield | <input checked="" type="checkbox"/> Mud Rotary |
| <input checked="" type="checkbox"/> Gas | <input type="checkbox"/> Storage | <input type="checkbox"/> Pool Ext. | <input type="checkbox"/> Air Rotary |
| <input type="checkbox"/> OWWO | <input type="checkbox"/> Disposal | <input checked="" type="checkbox"/> Wildcat | <input type="checkbox"/> Cable |
| <input type="checkbox"/> Seismic; _____ # of Holes | <input type="checkbox"/> Other | | |
| <input type="checkbox"/> Other _____ | | | |

* Nearest Lease or unit boundary: 330'

Ground Surface Elevation: 3183 feet MSL

Water well within one-quarter mile: yes no
Public water supply within one mile: yes no

Depth to bottom of fresh water: 640'

Depth to bottom of usable water: 640'

Surface Pipe by Alternate: 1 2

Length of Surface Pipe Planned to be set: 1700'

Length of Conductor pipe required: 40'

Projected Total Depth: 6750'

Formation at Total Depth: MISSISSIPPIAN

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: _____

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 # _____

WAS 1780 FNL, 2310 FNL, 1780 FNL
IS: 1780 FNL, 2310 FNL, 330 FNL

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: 11/3/06 Signature of Operator or Agent: Mindy Black Title: OPERATIONS ASSISTANT

For KCC Use ONLY
API # 15- 182-22563-00-00
Conductor pipe required NONE feet
Minimum surface pipe required 1660 feet per Alt. 1
Approved by: RLH 10-25-06 / RLH 11-6-06 / WJH 11-20-06
This authorization expires: 4-25-07
(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: _____

24-34-38W

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- 189-22563-00-00
 Operator EOG Resources, Inc.
 Lease DEBORAH
 Well Number 24 #1
 Field _____

Number of Acres attributable to well: _____

QTR/QTR/QTR of acreage: NE - SE - NW

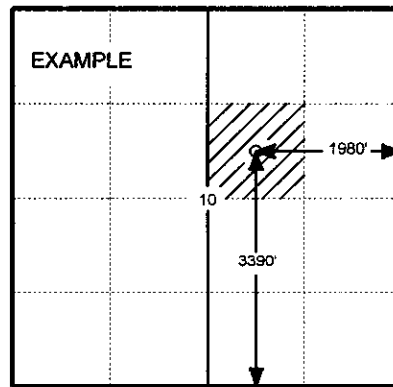
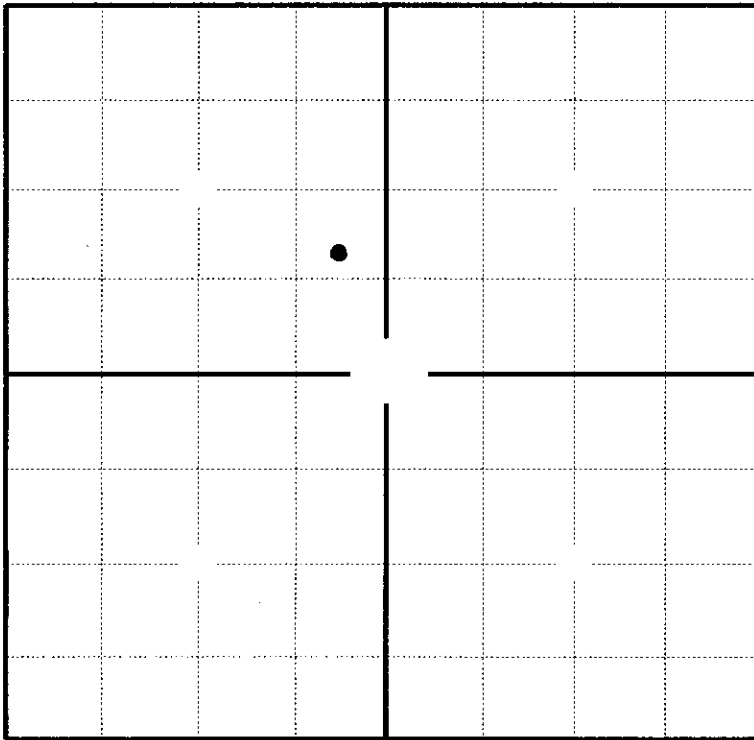
Location of Well: County: STEVENS
 _____ 1780 feet from N / S Line of Section
 _____ 2310 feet from E / W Line of Section
 Sec 24 Twp 34 S. R. 38 East West

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 nearest lease or unit boundary line)*



SEWARD CO.

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.
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).

APPLICATION FOR SURFACE PIT

Submit in Duplicate

Operator Name: <u>EOG Resources, Inc.</u>		License Number: <u>5278</u>
Operator Address: <u>3817 NW Expressway, Suite 500 Oklahoma City, OK 73112</u>		
Contact Person: <u>BREANNA VARGAS</u>		Phone Number: <u>(405) 246-3158</u>
Lease Name & Well No.: <u>DEBORAH 24 #1</u>		Pit Location (QQQQ): <u>S/2 - NE - SE - NW</u>
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 <u>12,500</u> (bbls)	Sec. <u>24</u> Twp. <u>34S</u> R. <u>38</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>1780'</u> Feet from <input checked="" type="checkbox"/> North/ <input type="checkbox"/> South Line of Section <u>2310</u> Feet from <input type="checkbox"/> East/ <input checked="" type="checkbox"/> West Line of Section <u>STEVENS</u> County
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 pit lined if a plastic liner is not used?
Pit dimensions (all but working pits): _____ Length (feet) _____ Width (feet) <u>X</u> N/A Steel Pits Depth from ground level to deepest point _____ (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.
		RECEIVED KANSAS CORPORATION COMMISSION NOV 17 2006 CONSERVATION DIVISION WICHITA, KS
Distance to nearest water well within one-mile of pit <u>534</u> feet Depth of water well <u>657</u> feet	Depth to shallowest fresh water <u>187 200</u> feet. Source of information: <input checked="" type="checkbox"/> measured <input type="checkbox"/> well owner <input checked="" type="checkbox"/> electric log <input type="checkbox"/> 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 pond? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drilling, Workover and Haul-Off Pits ONLY: Type of material utilized in drilling/workover <u>GEL</u> Number of working pits to be utilized <u>NONE</u> Abandonment procedure: <u>EVAPORATION/DEWATER AND BACKFILLING OF RESERVE PIT.</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>11/16/06</u> _____ Date		_____ <u>Mindy Black</u> _____ Signature of Applicant or Agent
KCC OFFICE USE ONLY		
Date Received: <u>11/17/06</u>	Permit Number: _____	Permit Date: <u>11/17/06</u> Lease Inspection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

15-189-22563-80-00