

For KCC Use: 12-19-07
 Effective Date: 3
 District # 3
 SGA? Yes No

KANSAS CORPORATION COMMISSION
 OIL & GAS CONSERVATION DIVISION

Form C-1
 October 2007
 Form must be Typed
 Form must be Signed
 All blanks must be Filled

NOTICE OF INTENT TO DRILL

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

Expected Spud Date: January 2, 2008
 month day year

OPERATOR: License# 33344
 Name: Quest Cherokee, LLC
 Address 1: 210 W. Park Ave., Suite 2750
 Address 2: _____
 City: Oklahoma City State: OK Zip: 73102 + _____
 Contact Person: Richard Marlin
 Phone: 405-702-7480
 CONTRACTOR: License# 33837 or another Licensed by KCC
 Name: Will advise on the ACO-1

Spot Description: _____
 _____ NW SW Sec. 5 Twp. 29 S. R. 18 E W
 (or/or) 1,900 feet from N / S Line of Section
800 feet from E / W Line of Section

Is SECTION: Regular Irregular?
 (Note: Locate well on the Section Plat on reverse side)

County: Neosho
 Lease Name: Brant, Jerry W. Well #: 5-2
 Field Name: Cherokee Basin CBM

Is this a Prorated / Spaced Field? Yes No
 Target Formation(s): Cherokee Coals

Nearest Lease or unit boundary line (in footage): 740
 Ground Surface Elevation: 991 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: N/A 100
 Depth to bottom of usable water: N/A 150

Surface Pipe by Alternate: I II

Length of Surface Pipe Planned to be set: 25
 Length of Conductor Pipe (if any): 25

Projected Total Depth: 1500
 Formation at Total Depth: Cherokee Coals

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: _____

Well Drilled For: Oil Gas Enh Rec Storage Disposal Seismic; _____ # of Holes Other: Coalbed Methane
 Well Class: Infield Pool Ext. Wildcat Other
 Type Equipment: Mud Rotary Air Rotary Cable
 If OWWD: 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 #: _____

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 correct to the best of my knowledge and belief.

Date: December 12, 2007 Signature of Operator or Agent: Richard Marlin Title: Vice President

For KCC Use ONLY
 API # 15 - 133-27340-0000
 Conductor pipe required None feet
 Minimum surface pipe required 20 feet per ALT. I II
 Approved by: RMM 12-14-07
 This authorization expires: 12-14-08
 (This authorization void if drilling not started within 12 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 (within 60 days);
 - 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 Date: _____
 Signature of Operator or Agent: _____

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DEC 14 2007

CONSERVATION DIVISION
 WICHITA, KS

5
 29
 18
 E
 W

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 - 133-27340-000
Operator: Quest Cherokee, LLC
Lease: Brant, Jerry W.
Well Number: 5-2
Field: Cherokee Basin CBM

Location of Well: County: Neosho
1,900 feet from N / S Line of Section
800 feet from E / W Line of Section
Sec. 5 Twp. 29 S. R. 18 E W

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

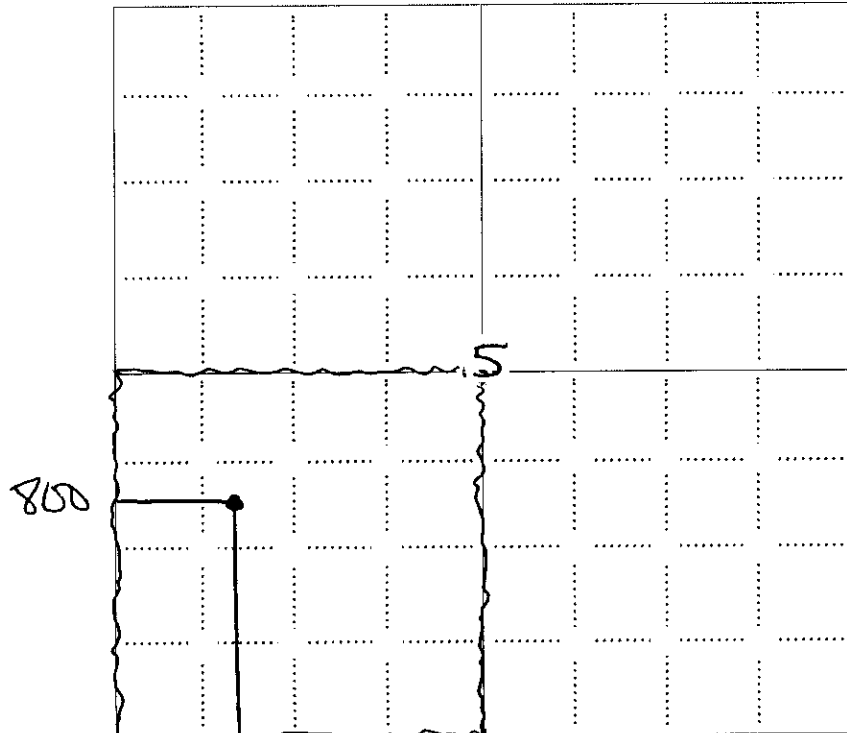
Is Section: Regular or Irregular

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.)*



800

5

NOTE: In all cases locate the spot of the proposed drilling location.

1900

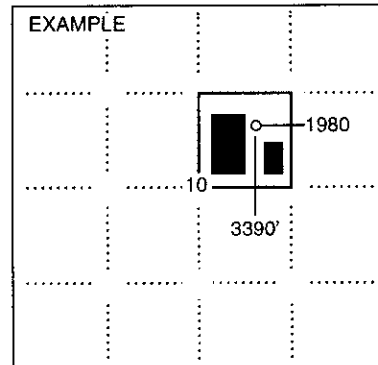
In plotting the proposed location of the well, you must show:

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 south / north and east / west outside section lines.
3. The distance to the nearest lease or unit boundary line (in footage).
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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CONSERVATION DIVISION
WICHITA, KS

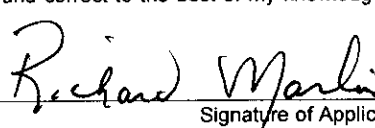


SEWARD CO.

**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: Quest Cherokee, LLC | | License Number: 33344 |
| Operator Address: 210 W. Park Ave., Suite 2750 | | Oklahoma City OK 73102 |
| Contact Person: Richard Marlin | | Phone Number: 405-702-7480 |
| Lease Name & Well No.: Brant, Jerry W. 5-2 | | Pit Location (QQQQ): _____ NW _____ SW Sec. <u>5</u> Twp. <u>29</u> R. <u>18</u> <input checked="" type="checkbox"/> East <input type="checkbox"/> West <u>1,900</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>800</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section Neosho _____ 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 <i>(If WP Supply API No. or Year Drilled)</i> | | Pit is: <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed: _____ Pit capacity: <u>300</u> (bbls) |
| Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Chloride concentration: _____ mg/l <i>(For Emergency Pits and Settling Pits only)</i> |
| 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? Air Drilling Well |
| Pit dimensions (all but working pits): <u>30</u> Length (feet) <u>10</u> Width (feet) <input type="checkbox"/> N/A: Steel Pits Depth from ground level to deepest point: <u>10</u> (feet) <input type="checkbox"/> No Pit | | |
| If the pit is lined give a brief description of the liner material, thickness and installation procedure. Well is being air drilled. | | Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring. Well is being air drilled with operations lasting approx. 3 days |
| Distance to nearest water well within one-mile of pit <u>NA</u> feet Depth of water well _____ feet | | Depth to shallowest fresh water _____ feet. Source of information: <input type="checkbox"/> measured <input type="checkbox"/> well owner <input 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 pit? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Drilling, Workover and Haul-Off Pits ONLY: Type of material utilized in drilling/workover: <u>Air Drilled</u> Number of working pits to be utilized: <u>1</u> Abandonment procedure: <u>Air Dry, Back fill and 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. | | |
| December 12, 2007 Date |  Signature of Applicant or Agent | RECEIVED KANSAS CORPORATION COMMISSION DEC 14 2007 CONSERVATION DIVISION WICHITA, KS |
| KCC OFFICE USE ONLY | | |
| Date Received: <u>12/14/07</u> Permit Number: _____ | | Steel Pit <input type="checkbox"/> RFAC <input type="checkbox"/> RFAS <input type="checkbox"/> Permit Date: <u>12/14/07</u> Lease Inspection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

15-133-27340-0000