

25.2. PIT INFORMATION - PIT #2

- A. Type of mud system: WATER BASED OIL BASED GAS BASED(AIR DRILL)
- B. Expected mud chloride content: maximum: _____ ppm, average: _____ ppm
- C. Type of Pit System: on-site off-site closed. If off-site, specify location: _____
- D. Is depth to top of ground water greater than 10 ft below base of pit? Y N
- E. Within 1 mile of municipal water well? Y N
- F. Wellhead Protection Area Y N

PIT # 2

OFFSITE PIT #

26.2 OCC USE ONLY

A. Category 1A 1B 2 3 4 PM

B. Pit Location: Altural Plain/Terrace Deposit Bedrock Aquifer Other HSA Non-HSA

C. Special use or field use? Deep ECA Y N Yield > 50 Y N

E. SOIL OR MEMBRANE LINER REQUIRED? Y N GEOMEMBRANE LINER REQUIRED? Y N 30 mil 30 mil

29. Bottom Hole Location (for Directional Hole): SEC SEC TWP TWP RGE RGE COUNTY COUNTY

SPOT LOCATION: 1/4 1/4 1/4 1/4 SECTION LINES: from SOUTH LINE from WEST LINE

Measured Total Depth _____ True Vertical Depth _____

DHL from Lease, Unit, or Property Line: _____

30. Bottom Hole Location for Horizontal Hole: (DRAINHOLES)

DRAIN HOLE #1: SEC SEC TWP TWP RGE RGE COUNTY COUNTY

SPOT LOCATION: 1/4 1/4 1/4 1/4 SECTION LINES: from SOUTH LINE from WEST LINE

Depth of Deviation _____ Radius of turn _____ Direction _____ Total Length _____

Measured Total Depth _____ True Vertical Depth _____

End point location from lease, unit or property line: _____

DRAIN HOLE #2: SEC SEC TWP TWP RGE RGE COUNTY COUNTY

SPOT LOCATION: 1/4 1/4 1/4 1/4 SECTION LINES: from SOUTH LINE from WEST LINE

Depth of Deviation _____ Radius of turn _____ Direction _____ Total Length _____

Measured Total Depth _____ True Vertical Depth _____

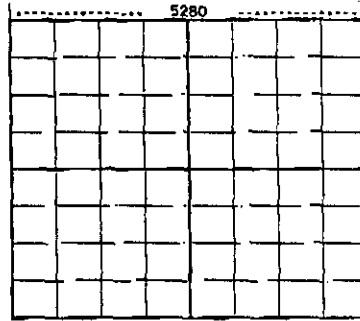
End point location from lease, unit or property line: _____

31. AFFIDAVIT FOR ALTERNATIVE CASING PROGRAM

(signature on front of this form attests to this affidavit)

- 1. This well WILL WILL NOT penetrate any known lost circulation zones.
 - 2. During the drilling of this well, withdrawals from any water well within 1/4 mile WILL WILL NOT exceed 50 gallons per minute.
 - 3. List the following for all water wells within 1/4 mile of this well. (Information concerning some water wells may be obtained from the OKLAHOMA WATER RESOURCES BOARD, P.O. Box 150, Oklahoma City, OK 73101-0160). If no water wells are found, so state: _____ (ATTACH ADDITIONAL SHEET IF NECESSARY)
- Name of Owner/Operator _____ Address of Owner/Operator _____ Location (Nearest 1/4 1/4 1/4) _____ Deepest producing interval _____

- 1. If more than two drainholes are proposed, attach separate sheet indicating the necessary information.
- 2. Direction must be stated in degrees azimuth.
- 3. Please note the horizontal drainhole and its end point must be located within the legal boundaries of the lease or spacing unit. Directional surveys etc required for all drainholes and directional wells.



- 4. The protected depth of the well IS IS NOT less than 100 feet from the top of any enhanced recovery project or gas storage facility.
- 5. A cement bond log is required to be run and submitted from not less than 100 feet below the base of the testable water-bearing formation to the surface.
- 6. If casing depth is more than 250 feet deeper than base of the testable water-bearing formation, operator must submit a letter of request listing reasons and precautions to be taken.

INTENT TO DRILL CHECKLIST

APPROVED

MP

JC

JC

JC

- REJECTED
1. SURETY BND
- A. NONE Req.
 - B. EXPIRED; Date _____
 - C. OUTSTANDING CONTEMPT ORDER.
2. INTENTS _____
3. SPACING _____

OCC USE ONLY

4. GEOLOGY

- A. SURFACE CASING
- 1. Insufficient amount. Requires _____ feet.
 - 2. Insufficient Alternative Casing Program
 - 3. No Affidavit Submitted for Alternative Casing Program.
 - 4. Recently required _____ feet, only _____ current.
- B. UNSPACED: Less than 2500 ft. (165') More than 2500 ft. (330')
- Only _____ ft from N/S and _____ ft from E/W line.
- C. SPACED: SPACING ORDER No. _____
- 1. Square Pattern: 2.5, 10, 40, 160, 640
 - 2. Rectangular pattern: 5, 20, 80, 320
 - NW/SE or NE/SW
 - 3. Rectangular slot pattern: 5, 20, 80, 320
 - Prior to 1971 (Y, N) SULD
- D. LOCATION EXCEPTION:
- 1. Surface Hole Location different
 - 2. Bottom Hole Location different
- PENDING APPLICATION: Spacing/Location Exception
- O.D. No.: _____
- H.O.M. DATE: _____
- OPERATOR NAME DIFFERENT in order No. _____
- Name on order: _____
- Location Exception/Increased Density/Pooling
- G. Increased Density/Location Exception EXPIRED
- Order Expiry Date: _____
- H. Outline Lease or Property Boundary

6/22/00

Emerg Walk Thru ITI

Check 1008

Case: 00000000

Date: 06/22/2000

Time: 11:41

RECEIPT 006990014

CORP CONM

Cashiers: SM

Payor: NEW DOMINION LLC

\$300.00

DO NOT WRITE INSIDE THIS BOX