Permit No.

Conditions, if any, on attached page.

FARTMENT of ENVIRONMENT and NATURAL RESOURCES Minerals & Mining Program - Oil & Gas Section 2050 West Main, Suite #1, Rapid City, SD 57702-2493 Telephone: 605-394-2229, FAX: 605-394-5317

PRECEIVED JAN 09 2009

DEPT OF ENVIRONMENT & NATURAL RESOURCES - RAPID CITY

Date Issued: January 30, 2009

outh Dakota FION FOR PERMIT TO DRILL

W Chr.	as al					
Tope of works	renter W	ell Drill Direc	tional Well	Type of well: Oil Well	✓ Gas Well	Injection
Other						
Name and Address of Operator: North Finn LLC. 950 Stafford Casper, WY 82609 (307) 237-7854						
Name and Address of Surface Owner:						
Grubbing Hoe Ranch HC 64 Box 62 Buffalo, SD 57722						
Name and Address of Drilling Contractor and Rig Number: Rainbow Drilling P.O. Box 353 Evansville, WY 82636						
Surface Location of well: Qtr-Qtr, Sec, Twp, Rge, County, feet from nearest lines of section, and latitude and longitude (if available):						
SWSE Sec. 16 T15N R5E Harding County, 1970' FEL & 720' FSL Lat =45d15'30.94" Long=-103d30'55.33"						
If Directional, top of pay and bottom hole location from nearest lines of section:						
Acres in Spacing (Drilling) Unit ————————————————————————————————————						
160 3 ZO _8E Sec. 16 T15N R5E						
Well Name and Number		Elevation	Field and I	Pool, or Wildcat	Proposed Depth ar	d Formation
State #15-16-15-5		2985.7	Gady Cre	11 11	1500' Shannon	
Size of Hole 1) 8 3/4" 2) 6 1/4" 3) 4)	Size of Casing 7" 4 1/2"	Weight per Foot 17.0 11.6	Depth 400' 1500'	Cementing Program (a 100 sks Class "G" 200 sks Class "G"	amount, type, additiv	ves) Depth 400' 1500'
Describe Proposed Operations (Clearly State all Pertinent Details, and Give Pertinent Dates, Including Estimated Date of Starting any Proposed Work). Use additional page(s) if appropriate. Drill well with low water loss fresh water mud system. Surface pits will be lined with 12 mil pit liner. Anticipated spud date is January 20th, 2009. State Minerals.						
I hereby certify that the foregoing as to any work or operation performed is a true and correct report of such work or operation.						
Signature Name (me (Print)	Manager/Member /6/09 Title Date		
Approved By: Title: Oil and Gas Supervisor						
Approved By:				Title: <u>C</u>	DIL and Gas Su	pervisor
Permit No.	1917	API No. 40	063 2068	36 Date Is	sued: January 3	0. 2009

API No. 40 063 20686