

Registrant Name Skadden, Arps, Slate, Meagher, & Flom LLPClient Name Oil Shale Exploration Company**LOBBYING ISSUES** Find the code to select below.*Go to page 3 to add more codes*

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1.

TAX

12. Specific lobbying issues (current and anticipated)

Tax proposals pertaining to energy companies

AFFILIATED ORGANIZATIONS*Go to page 3 to add more codes*

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?



No ⇒ Go to line 14.



Yes ⇒

Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

Name	Address	Principal place of business (city and state or country)

FOREIGN ENTITIES*Go to page 3 to add more codes*

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
 b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes the client or any organization identified on line 13; **OR**
 c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome lobbying activity?



No ⇒ Sign and date the registration.



Yes ⇒

Complete the rest of this section for each entity matching the criteria above, then sign and date registration.

Name	Address Street Address City State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Printed Name and Title _____

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Registrant Name Skadden, Arps, Slate, Meagher, & Flom LLPClient Name Oil Shale Exploration Company**ADDITIONAL LOBBYISTS***Return to page 2 to link*

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

First	Name		Covered Official Position (if applicable)
	Last	Suffix	

ADDITIONAL LOBBYING ISSUES*Return to page 2 to link*

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

Find the code to select below.

AFFILIATED ORGANIZATIONS*Return to page 2 to link*

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, number 13.

Name	Address	Principal place of business (city and state or country)

ADDITIONAL FOREIGN ENTITIES*Return to page 2 to link*

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address		Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Percentage of total contribution
	Street Address City	State/Province Country			

Printed Name and Title _____

