

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FILE ORIGINAL ONLY PLEASE TYPE OR USE BLACK INK

OKLAHOMA CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION JIM THORPE BUILDING P.O. BOX 52000 OKLAHOMA CITY, OK 73152-2000 (RULE 165:10-3-1)

BATCH NUMBER (OCC USE ONLY)

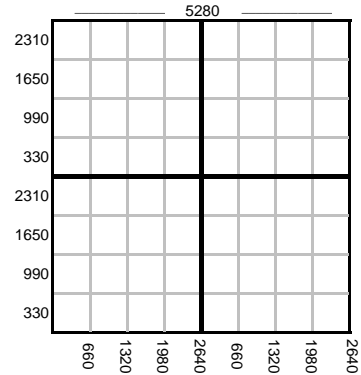
NOTE: Annotate one of the fee options on Page 2.

1. OTC/OCC OPERATOR NUMBER
2. API NUMBER

3. NOTICE OF INTENT TO: DRILL RECOMPLETE REENTER DEEPEN AMEND - REASON

4. TYPE OF DRILLING OPERATION: STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE MULTI TEMPORARY OIL/GAS INJECTION DISPOSAL WATER SUPPLY STRAT TEST SERVICE WELL

6. LOCATE WELL AND OUTLINE LEASE OR SPACING UNIT IN INK BELOW



5. WELL LOCATION: SECTION TOWNSHIP RANGE COUNTY SPOT LOCATION: FEET FROM NORTH/SOUTH (?) LINE: EAST/WEST (?) LINE:

7. Well will be feet from nearest unit / property boundary.
8. LEASE NAME: WELL NUMBER:
9. NAME OF OPERATOR: EMAIL ADDRESS: ADDRESS PHONE (AC/NUMBER) CITY STATE ZIP CODE

10. SURFACE OWNER (ONE ONLY, ATTACH SHEET FOR ADDITIONAL OWNERS) ADDRESS CITY STATE ZIP CODE

11. Well located on lands under federal jurisdiction?
12. Will a water well be drilled? Will surface water be used?
13. Spud Date

Table with 2 columns: 1) 6) 2) 7) 3) 8) 4) 9) 5) 10)

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S): UNSPACED LEASE OUTLINE
16. PENDING APPLICATION C.D. NO. 17. LOCATION EXCEPTION ORDER NO. 18. INCREASED DENSITY ORDER NO.
19. TOTAL DEPTH 20. GROUND ELEV. 21. BASE OF TREATABLE WATER 22. SURFACE CASING 23. ALT CASING PROG USED?

24. ALTERNATIVE CASING PROCEDURE, check box and fill in blank (AFFIDAVIT REQUIRED, see reverse side, line 31.)
25.1. PIT INFORMATION: Using more than one pit or mud system?
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?
E. WITHIN 1 MILE OF MUNICIPAL WATER WELL?
F. WELLHEAD PROTECTION AREA?

26.1 A. CATEGORY 1A 1B 2 3 4 C
B. PIT LOCATION: Alluvial Plain Terrace Deposit Bedrock Aquifer Other H.S.A. Non-H.S.A. Frm:
C. Special area or field rule? D. DEEP SCA? E. CBL required?
F. SOIL COMPACTED LINER REQUIRED? G. 20 mil GEOMEMBRANE LINER REQUIRED?

27. PROPOSED METHOD FOR DISPOSAL OF DRILLING FLUIDS (MUST BE COMPLETED)
A. Evaporation/dewater and backfilling of reserve pit.
B. Public Landfill: Location
C. Annular Injection (REQUIRES PERMIT and surface casing set 200 feet below base of treatable water-bearing formation.) PERMIT NO.
D. One time land application (REQUIRES PERMIT) PERMIT NO.
E. Haul to Commercial pit facility; Specify site: Order No.
F. Haul to Commercial soil farming facility; Specify site: Order No.
G. Haul to recycling/re-use facility; Specify site: Order No.
H. Other, Specify:

I hereby certify I am authorized to submit this two page application prepared by me or under my supervision. The facts and proposals made herein are true, correct and complete to the best of my knowledge and belief.

SIGNATURE NAME (Print or Type) PHONE (AC/NO.) FAX (AC/NO.) DATE

NOTICE:

Approval is void if operations have not commenced within eighteen months of the date of approval. An approved permit must be posted at the location during drilling and completion operations. File the Form 1001A, Spud Report, within fourteen days of commencement of operations.

NOTIFY DISTRICT OFFICE 24 HOURS PRIOR TO CEMENTING SURFACE CASING

25.2. PIT INFORMATION:

- 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

26.2 OCC USE ONLY A. CATEGORY 1A 1B 2 3 4 C Fm: _____

B. PIT LOCATION: Alluvial Plain Terrace Deposit Bedrock Aquifer Other H.S.A. Non-H.S.A.
 C. Special area or field rule? Y N D. DEEP SCA? Y N E. CBL? Y N
 F. SOIL COMPACTED LINER REQUIRED? Y N G. 20 mil GEOMEMBRANE LINER REQUIRED? Y N

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

SPOT LOCATION: 1/4 _____ 1/4 _____ 1/4 _____ FEET FROM (circle N or S) _____ N / S (?) LINE _____ E / W (?) LINE _____
 1/4 - SECTION: (and E or W) _____ feet _____ feet

Measured Total True Vertical BHL from nearest Lease, Unit, Or Property Line:
 Depth Depth

30. Bottom Hole Location for Horizontal Hole (LATERALS) -- Fill in the information on laterals below:

LATERAL #1: SEC _____ TWP _____ RGE _____ COUNTY _____

SPOT LOCATION: 1/4 _____ 1/4 _____ 1/4 _____ FEET FROM (circle N or S) _____ N / S (?) LINE _____ E / W (?) LINE _____
 1/4 - SECTION: (and E or W) _____ feet _____ feet

Depth of Deviation Radius of Turn Direction Total Length

Measured Total True Vertical End Point location from nearest lease, unit
 Depth Depth or property line:

LATERAL #2: SEC _____ TWP _____ RGE _____ COUNTY _____

SPOT LOCATION: 1/4 _____ 1/4 _____ 1/4 _____ FEET FROM (circle N or S) _____ N / S (?) LINE _____ E / W (?) LINE _____
 1/4 - SECTION: (and E or W) _____ feet _____ feet

Depth of Deviation Radius of Turn Direction Total Length

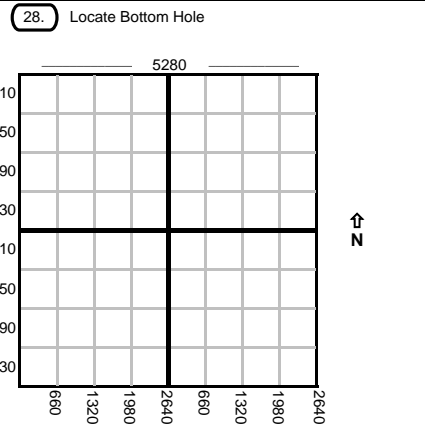
Measured Total True Vertical End Point location from nearest lease, unit
 Depth Depth or property line:

LATERAL #3: SEC _____ TWP _____ RGE _____ COUNTY _____

SPOT LOCATION: 1/4 _____ 1/4 _____ 1/4 _____ FEET FROM (circle N or S) _____ N / S (?) LINE _____ E / W (?) LINE _____
 1/4 - SECTION: (and E or W) _____ feet _____ feet

Depth of Deviation Radius of Turn Direction Total Length

Measured Total True Vertical End Point location from nearest lease, unit
 Depth Depth or property line:



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

31. AFFIDAVIT FOR ALTERNATIVE CASING PROGRAM

- (Signature on front of this form attests to this affidavit)
- This well _____ WILL _____ WILL NOT penetrate any known lost circulation zones.
 - During the drilling of this well, withdrawals from any water well within 1/4 mile _____ WILL _____ WILL NOT exceed 50 gallons per minute.
 - The projected depth of the well _____ IS _____ IS NOT less than 100 feet from the top of any enhanced recovery project or gas storage facility.
 - 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, 3800 N. Classen Blvd., Oklahoma City, OK 73118). IF NO WATER WELLS FOUND, SO STATE. (ATTACH ADDITIONAL SHEET IF NECESSARY)

Name of Owner/Operator	Address of Owner/Operator	Location (Nearest 1/4 1/4 1/4 1/4)	Depth of Well

- A cement bond log is required to be run and submitted from not less than 100 feet below the base of the treatable water-bearing formation to the surface. **OCC USE ONLY**
- If casing depth is more than 250 feet deeper than base of the treatable water-bearing formation, operator must submit a letter of request listing reasons and precautions to be taken.

SURETY:	INTENT TO DRILL CHECKLIST -- OCC USE ONLY	GEOLOGY:
APPROVED _____	A. NONE filed.	APPROVED _____
REJECTED _____	B. EXPIRED Date → _____	REJECTED _____
	C. OUTSTANDING CONTEMPT ORDER	

OCC FEE SCHEDULE EFFECTIVE 10-1-2018

(mark only ONE of the check-boxes) ↘	NORMAL	EXPEDITED	TEMPORARY
	OAC 165:5-3-1 (b)(1)(I)(i-iv)	OAC 165:5-3-1 (b)(1)(J)(i-iv)	OAC 165:5-3-1 (b)(1)(K)(i-iv)
DIRECTIONAL WELL	\$350	\$600	\$350
	<input type="checkbox"/> check box	<input type="checkbox"/> check box	<input type="checkbox"/> check box
VERTICAL WELL	\$350	\$600	\$350
	<input type="checkbox"/> check box	<input type="checkbox"/> check box	<input type="checkbox"/> check box
HORIZONTAL WELL	\$400	\$600	\$350
	<input type="checkbox"/> check box	<input type="checkbox"/> check box	<input type="checkbox"/> check box
MULTIUNIT WELL	\$600	\$800	\$350
	<input type="checkbox"/> check box	<input type="checkbox"/> check box	<input type="checkbox"/> check box

RECEIPT NO.

↓

OKLAHOMA CITY MAILING ADDRESS:
 Oklahoma Corporation Commission
 Attention: Central Processing
 P.O. Box 52000
 Oklahoma City, OK 73152-2000
(checks or money orders only)

HAND-DELIVERY STREET ADDRESS:
 The Jim Thorpe Office Building
 (Take to the Cashier on the First Floor)
 2101 N. Lincoln Blvd.
 Oklahoma City, OK 73105
(cash, checks or money orders only)

Send questions about payments to: OCCRevenue@occemail.com