

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? 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:

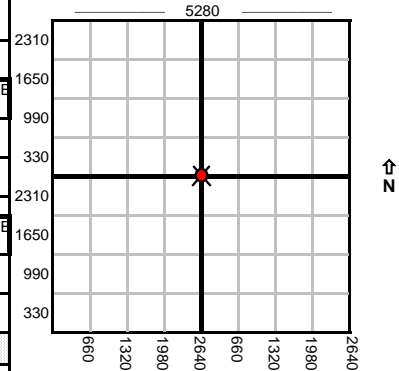
LATERAL #3: SEC _____ TWP _____ RGE _____ COUNTY _____

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:

28. Locate Bottom Hole



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 are required for all drainholes and directional wells.

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. 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.
4. 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

5. 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**
6. 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	REJECTED	A. NONE filed.	B. EXPIRED Date → _____	APPROVED	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
	←check box	←check box	←check box
VERTICAL WELL	\$350	\$600	\$350
	←check box	←check box	←check box
HORIZONTAL WELL	\$400	\$600	\$350
	←check box	←check box	←check box
MULTIUNIT WELL	\$600	\$800	\$350
	←check box	←check box	←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@occm.com