

1. OTC/OCC OPERATOR NUMBER
15136

2. API NUMBER
14-20315

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Jim Thorpe Building
Oklahoma City, Oklahoma 73105-4993
(Rule 3-204)

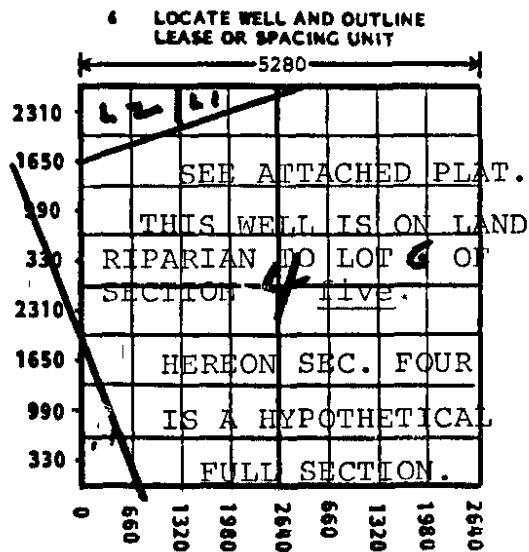
BATCH NUMBER (OCC USE ONLY)
11090913

3. NOTICE OF INTENTION TO
 DRILL RECOMPLETE REENTER AMEND Reason Amended _____

4. TYPE OF DRILLING OPERATION
 STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE
Note: If, directional or horizontal, see reverse side for bottom hole loc.

5. WELL LOCATION

Section	Township	Range	County
4	5S	14W	TILLMAN
Spot Location		Feet from quarter section lines	
SW 1/4 SW 1/4		South line 663 West line 144	
Well will be 65 feet from nearest (less) unit or property boundary		131	
LEASE NAME HUDGINS-REID		WELL NUMBER 1	
NAME OF OPERATOR HELTON OIL COMPANY (a partnership)			
ADDRESS 713 LAMAR ST.,		PHONE (AC/NUMBER)	
CITY WICHITA FALLS, TX	STATE	ZIP CODE 76301	



10. NAME OF SURFACE OWNER (one only, attach sheet for additional owners)
JOE HUDGINS

11. Is well located on lands under federal jurisdiction? Y N See letter.

12. Will a water well be drilled? Y N
Will surface water be used? Y N

13. DATE OPERATION TO BEGIN

14. TARGET FORMATIONS AND DEPTHS OF EACH (limited to ten)

THOMAS 1425	MEGARGLE (BURK) 1525	GUNSITE 1625
406 THMS	406 MGRL	406 GNSG

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S)
STATEWIDE SPACING GENERAL ORDER 0' to 2500'. NS

16. Pending Application C.D. No. NONE

17. Location Exception Order No. NONE

18. Increase Density Order No. NONE

19. Total Depth 1750-75

20. Ground Elev. 1005

21. Depth to base of treatable water-bearing fm. 36 feet

22. Surface Casing 80'

23. Will alternative casing program be used? Y N

SECTION 4
TOWNSHIP 5S
RANGE 14W

WELL NAME
HUDGINS-REID

WELL NUMBER
000532

-1-

24. Alternative Casing Procedures, check box and fill in blank (Affidavit Required, see Reverse Side)

A. Cement will be circulated from total depth to the ground surface on the production casing string

B. Cement will be circulated from _____ depth to _____ depth by use of a two stage cementing tool.

N/A

25. Pit Information

A. Type of Pit System on-site off-site closed If off-site, specify location _____

B. Type of Mud System water based oil based gas based (air drilled)

C. Expected chloride content maximum 1200 ppm, average 200 ppm

D. Is depth to top of ground water greater than 6 ft. below base of pit? Yes No

26. For OCC Use Only

A. Is pit located in an hydrologically sensitive area? Yes No

B. Category of pit 1 2 3 4 C. Liner Required Yes No B. Sandy Clay bottom & walls

27. PROPOSED METHOD FOR DISPOSAL OF DRILLING FLUIDS (must be completed)

A. Evaporation/dewater and backfilling of reserve pit,

B. Solidification of pit contents,

C. Annular Injection (requires permit and surface casing set 200 ft. below base of Treatable Water-bearing fm),

D. Noncommercial land application (requires permit),

E. Haul to commercial pit facility; specify site _____

F. Haul to commercial soil farming facility, specify site _____

G. Other method, specify _____

I hereby certify that I am authorized to submit this two page application which was 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 *M. Helton* NAME (Print or Type) R. M. HELTON PHONE (AC/NUMBER) 817-723-0729 DATE 11-6-90

NOTICE: Approval is void if operations have not commenced within six 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.

ORIGINAL

Locate bottom hole location(s)

29 BOTTOM HOLE LOCATION FOR DIRECTIONAL HOLE

SEC	TWP	RGE	COUNTY
Spot location		Feet from quarter section lines	
1/4	1/4	1/4	1/4 South line West line
Measured	True	Bottom hole location from	
Total Depth	Vertical Depth	lease, unit or property line:	

30. BOTTOM HOLE LOCATION FOR HORIZONTAL HOLE (DRAIN HOLES)

Drain hole #1

SEC	TWP	RGE	COUNTY
Spot location of end point		Feet from quarter section lines	
1/4	1/4	1/4	1/4 South line West line
Depth of	Radius of	Direction	Total
Deviation	Turn	Length	
Measured	True	End point location from	
Total Depth	Vertical Depth	lease, unit or property line	

Drain hole #2

SEC	TWP	RGE	COUNTY
Spot location of end point		Feet from quarter section lines	
1/4	1/4	1/4	1/4 South line West line
Depth of	Radius of	Direction	Total
Deviation	Turn	Length	
Measured	True	End point location from	
Total Depth	Vertical Depth	lease, unit or property line	

If more than two drainholes are proposed, attach separate sheet indicating the necessary information

Direction must be stated in degree 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 form attests to this affidavit)

- This well will not penetrate any known lost circulation zone.
- During the drilling of this well, withdrawals from any water well within 1/4 mile of this well will not exceed 50 gallons per minute
- List the following for each water well within 1/4 mile of this well (the information concerning each water well may be obtained through the Oklahoma Water Resources Board, P.O. Box 53585, Oklahoma City, OK 73152, or the Oklahoma Conservation Commission, 2800 N Lincoln, Ste. 160, Oklahoma City, OK 73105). If no water wells are found, please state

Name of owner/operator Address of owner/operator Location (nearest 1/4 1/4 1/4) Deepest producing interval

4 A cement bond log is required to be run and submitted from not less than 100 ft below the base of the treatable water-bearing formations to the ground surface.

No Answer 12/5 11/19

INTENT TO DRILL CHECKLIST
(For OCC Use Only)

Approved _____
Rejected _____

[Handwritten signatures]

- Surety
 - None filed
 - Expired date _____
 - Outstanding Court Order
- Intent's
- Spacing
- Geology
 - Surface Casing
 - Insufficient amount, requires _____ ft
 - Insufficient Alternative Casing Program
 - No Affidavit Submitted for Alternative Casing Program
 - Reentry, requires _____ ft, only _____ current
 - Unspaced less than 2500 ft (165')/more than 2500 ft (330') only _____ ft from N/S and _____ from E/W line
 - Spaced Spacing Order No
 - Square pattern, 2, 10 40, 160, 640
 - Rectangular pattern, 5 20, 80, 320 NW/SE or NE/SW
 - Rectangular slot pattern, 5, 20 40, 320 prior to 1971 (Y,N) SU/LO
 - Location Exception
 - Surface hole location different
 - Bottom hole location different
 - Pending Application Spacing/Location Exception C.D. No _____ H O M Date _____
 - Operator Name different in order No _____ Name on Order _____ Location Exception/Increase Density/Pooling
 - Increase Density/Location Exception Order expired date _____
 - Outline lease or property boundary lines

000532

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00*100\$ CHCK
00*100\$ TLL
00*100\$ 4119

12:09PM 11/08/90 001#1907 A 0001
001#1907 A 0001 CHECK \$100.00