

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000
REV 1996

FILE ORIGINAL ONLY
PLEASE TYPE OR USE BLACK INK

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

BATCH NUMBER (OCC USE ONLY)
03020205

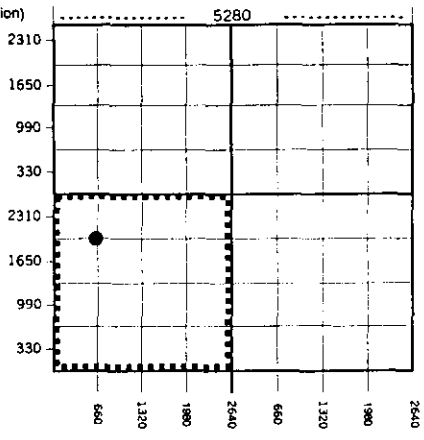
1. OTC/OCC OPERATOR NUMBER
20585

2. API NUMBER
~~D8120003~~ **08123561**

3. NOTICE OF INTENT TO: (CHECK ONLY ONE)
 DRILL RECOMPLETE REENTER DEEPEN AMEND - REASON _____
NOTE: ATTACH COPY OF 1002-A IF RECOMPLETION OR REENTRY.

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

4. TYPE OF DRILLING OPERATION >>>>>>>> (NOTE: If directional or horizontal, see reverse side for bottom hole location)
A. STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE
B. OIL/GAS INJECTION DISPOSAL WATER SUPPLY



5. WELL LOCATION:
SECTION **2** TOWNSHIP **12N** RANGE **5E** COUNTY **LINCOLN**
SPOT LOCATION: 1/4 **C** 1/4 **NW** 1/4 **SW** 1/4 FEET FROM QUARTER from SOUTH LINE from WEST LINE
SECTION LINES **1980** **660**

7. Well will be **660** feet from nearest unit or property boundary
8. LEASE NAME **Mazkoori** WELL NUMBER **#1**
9. NAME OF OPERATOR **New Dominion, L. L. C.**
ADDRESS **P.O. Drawer 369** PHONE (AC/NUMBER) **(405) 377-1177**
CITY **Stillwater** STATE **OK** ZIP CODE **74076**

10. SURFACE OWNER (one only, attach sheet for additional owners)
JoAnn Mazkoori
ADDRESS **Rt. 2, Box 221**
CITY **Prague** STATE **OK** ZIP CODE **74864**

11. Is well located on lands under federal jurisdiction? Y N
12. Will a water well be drilled? Y N
Will surface water be used? Y N
13. DATE OPERATION TO BEGIN: **ASAP**

14. LIST TARGET FORMATIONS AND DEPTHS OF EACH BELOW (LIMITED TO TEN)
1) **Prue** 3200 6) **404 PRUE**
2) **Red Fork** 3700 7) **404 RDFK**
3) **Misener-Hunton** 4220 8) **319 MSRH**
4) **Viola** 4400 9) **202 VWL**
5) **Wilcox** 4500 10) **202 WLCX**

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S)
436135 (160)

16. PENDING APPLICATION C/O NO _____ 17. LOCATION EXCEPTION ORDER NO _____ 18. INCREASED DENSITY ORDER NO _____

OCC USE ONLY

19. TOTAL DEPTH **4550** 20. GROUND ELEV. **861** 21. DEPTH TO BASE OF TREATABLE **1010** 22. SURFACE CASING **1060** 23. ALT CASING PROG USED? **N**

24. ALTERNATIVE CASING PROCEDURE, check box and fill in blank (AFFIDAVIT REQUIRED, see reverse side, line 31)
A. Cement will be circulated from total depth to ground surface on the production casing string
B. Cement will be circulated from _____ depth to _____ depth by use of a two stage cementing tool.
25. PIT INFORMATION Using more than one pit or mud system? Y N If yes, fill out line 25.2 on top reverse side.
A. Type of mud system WATER BASED OIL BASED GAS BASED (AIR DRILL)
B. Expected mud chloride content maximum: **3000** ppm, average **1500** 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 OFFSITE PIT #: _____
F. Wellhead Protection Area Y N

26.7. OCC USE ONLY
A. Category 1A **2** 1B **2** 3 **4**
B. Pit Location: Alluvial Plain/Terrace Deposit Bedrock Aquifer Other HSA Non-HSA; Fm **VANOSS**
C. Special area or field rule? D. DEEP SCA? Y N Yield > 50 Y N
E. CBL required? Y N
F. SOIL or GEOMEMBRANE LINER REQUIRED? Y N 20 mil 30 mil

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 feet below base of treatable water-bearing formation.)
 D. One time land application (REQUIRES PERMIT) PERMIT # _____
 E. Haul to Commercial pit facility. Specify site _____
 F. Haul to Commercial soil farming facility. Specify site _____
 G. Haul to recycling/re-use facility. Specify site _____
 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 **Cindy L. Wright** PHONE (AC/NUMBER) **(405) 377-1177** DATE **3/1/00**

NOTICE: Approvals 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.
CALL AND NOTIFY DISTRICT OFFICE AND SURFACE OWNER 24 HOURS PRIOR TO SPUD, REENTRY OR RECOMPLETION.

SEC **2**
TOWNSHIP **12N**
RANGE **5E**
WELL NAME **Mazkoori #1**

PIT # 2

- 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

OFFSITE PIT # _____

28.2. OCC USE ONLY

A. Category 1A 1B 2 3 4 Fm _____

B Pit Location: Alluvial Plain/Terrace Deposit _____ Bedrock Aquifer _____ Other HSA _____ Non-HSA _____

C Special area or field rule? _____ Deep SCA? Y N Yield > 50 _____

E SOIL or GEOMEMBRANE LINER REQUIRED? Y N, GEOMEMBRANE LINER REQUIRED? Y N 20 mil _____ 30 mil _____

29. Bottom Hole Location for Directional Hole

SEC _____ TWP _____ RGE _____ COUNTY _____

SPOT LOCATION: _____ FEET FROM QUARTER _____ from SOUTH LINE _____ from WEST LINE _____

SECTION LINES _____

Measured Total Depth _____ True Vertical Depth _____ BHL from Lease, Unit, or Property Line: _____

30. Bottom Hole Location for Horizontal Hole: (DRAINHOLES)

DRAIN HOLE #1: SEC _____ TWP _____ RGE _____ COUNTY _____

SPOT LOCATION: _____ FEET FROM QUARTER _____ from SOUTH LINE _____ from WEST LINE _____

SECTION LINES _____

Depth of Deviation _____ Radius of turn _____ Direction _____ Total Length _____

Measured Total Depth _____ True Vertical Depth _____ End point location from lease, unit or property line: _____

DRAIN HOLE #2: SEC _____ TWP _____ RGE _____ COUNTY _____

SPOT LOCATION: _____ FEET FROM QUARTER _____ from SOUTH LINE _____ from WEST LINE _____

SECTION LINES _____

Depth of Deviation _____ Radius of turn _____ Direction _____ Total Length _____

Measured Total Depth _____ True Vertical Depth _____ End point location from lease, unit or property line: _____

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. 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, P.O. Box 150, Oklahoma City, OK 73101-- 0150) If no water wells are found, so state. (ATTACH ADDITIONAL SHEET IF NECESSARY)

Name of Owner/Operator _____ Address of Owner/Operator _____ Location (Nearest 1/4 1/4 1/4) _____ Deepest producing interval _____

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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.

4. 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.
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.
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.

INTENT TO DRILL CHECKLIST

APPROVED

REJECTED

OCC USE ONLY

OCC USE ONLY

OCC USE ONLY

[Handwritten signatures]

1. SURETY *[Handwritten: BND]*
 - A. NONE filed.
 - B. EXPIRED: Date _____
 - C. OUTSTANDING COMTEMPT ORDER.
2. INTENTS _____
3. SPACING _____
4. GEOLOGY _____

[Handwritten: 134264 / 100]
[Handwritten: 436935]

[Handwritten: VACANT 134264 100AERS]
[Handwritten: PRUE, SHAW, RE (CANA EARLS BEAR)]
[Handwritten: GULCREASE, MISERAN-LINER-VIOLA]

[Handwritten: 3/13/00]

- A. SURFACE CASING
 1. Insufficient amount. Requires _____ feet.
 2. Insufficient Alternate Casing Program
 3. No Affidavit Submitted for Alternative Casing Program.
 4. Reentry requires _____ feet, only _____ current.
- B. UNSPACED. Less than 2500 ft (165') More than 2500 ft. (330')
 Only _____ ft from N/S and _____ ft from E/W line
- C. SPACED: SPACING ORDER No. _____
 1. Square Pattern: 2.5, 10, 40, 160, 640
 2. Rectangular pattern: 5, 20, 80, 320
 NW/SE or NE/SW
 3. Rectangular slot pattern: 5, 20, 80, 320
 Prior to 1971 (Y, N) S/U/LD
- D. LOCATION EXCEPTION:
 1. Surface Hole Location different
 2. Bottom Hole Location different
- E. PENDING APPLICATION: Spacing/Location Exception
 C. D. No.: _____
 H. O. M. DATE: _____
- F. OPERATOR NAME DIFFERENT in order No. _____
 Name on order: _____
 Location Exception/Increased Density/Pooling
- G. Increased Density/Location Exception EXPIRED
 Order Expired. Date: _____
- H. Outline Lease or Property Boundary

DO NOT WRITE INSIDE THIS BOX

46 Intent to Drill
 Check 5098
 \$100.00
 Payer: NEW DOMINION
 Case: 00000000
 Cashier: SEN
 Date: 03/02/2000
 Time: 12:44
 OKLA CORP COMM RECEIPT 004200947