

APPLICATION TO DRILL, RECOMPLETE OR REENTER

**WALK THROUGH** FORM 1000 REV. 2003

FILE ORIGINAL ONLY

PLEASE TYPE OR USE BLACK INK

1. OCTOCC OPERATOR NUMBER  
**21997**

2. API NUMBER  
**047-24396**

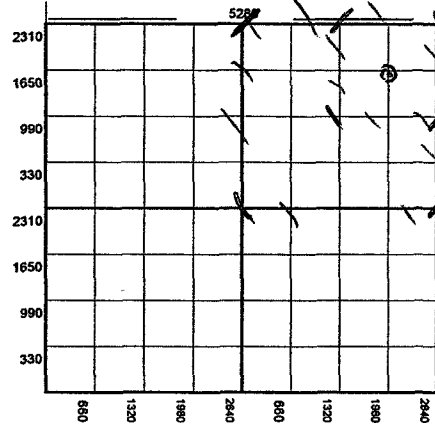
OKLAHOMA CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
- JIM THORPE BUILDING  
P.O. BOX 52000  
OKLAHOMA CITY, OK 73152-2000  
(RULE 165:10-3-1)

BATCH NUMBER (OCC USE ONLY)  
**08258228**

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

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

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



5. WELL LOCATION:

SECTION <b>22</b>	TOWNSHIP <b>24N</b>	RANGE <b>5W</b>	COUNTY <b>GARFIELD</b>
SPOT LOCATION: <b>1/4 - C 1/4 NE 1/4 NE 1/4</b>		FEET FROM QUARTER from SOUTH LINE <b>1980</b> from WEST LINE <b>1980</b>	

7. Well will be **660'** feet from nearest unit or property boundary.

8. LEASE NAME: **WINDY VISTA** WELL NUMBER: **1-22**

9. NAME OF OPERATOR: **SUPERIOR OIL AND GAS COMPANY OF OKLAHOMA**

ADDRESS **14910 NW 36th ST** PHONE (AC/NUMBER) **405-350-0404**

CITY **YUKON** STATE **OK** ZIP CODE **73099**

10. SURFACE OWNER (ONE ONLY, ATTACH SHEET FOR ADDITIONAL OWNERS)

**ROBERTA IRENE BUSS MARTIN**

ADDRESS **606 RENEE DR** PHONE (AC/NUMBER) \_\_\_\_\_

CITY **LANDOVER** STATE **KS** ZIP CODE **67002**

11. Is well located on lands under federal jurisdiction? **Y** **X** N

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

14. LIST TARGET FORMATIONS AND DEPTHS OF EACH BELOW (LIMITED TO TEN)

1) <b>TONKAWA 3865' 406 TNKW</b>	6) <b>MISSISSIPPI 5600 351 MSSLM</b>
2) <b>SKINNER (LIGNITE) 4590' 405 SKNR</b>	7) <b>MISENEC 6215 319 MSNR</b>
3) <b>OSWEGO 5115' 404 OSWG</b>	8) <b>ULULA 6240 202 VLOL</b>
4) <b>SKINNER 55275' 404 SKNR</b>	9) <b>SIMPSON DOLOMITE 6290 202 SMPSD</b>
5) <b>"</b>	10) <b>FIRSTWICOX 6400 202 WLCX1</b>

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S): **38561-40 235909-160 274405-160**

16. PENDING APPLICATION C.D. NO. \_\_\_\_\_ 17. LOCATION EXCEPTION ORDER NO. \_\_\_\_\_ 18. INCREASED DENSITY ORDER NO. \_\_\_\_\_

19. TOTAL DEPTH **6500'** 20. GROUND ELEV. **1132'** 21. BASE OF TREATABLE WATER **2800'** 22. SURFACE CASING **330** 23. ALT CASING PROG USED? **Y** **X** N

**APPROVED**  
**AUG 25 2006**

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.

25.1 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: **2500** ppm; average: **800** ppm.

PIT #1 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

26.1 OCC USE ONLY 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. Fm: **Fairmont**

C. Special area or field rule? \_\_\_\_\_ D. DEEP SCA?  Y  N Yield >50 \_\_\_\_\_ E. CBL required?  Y  N

F. SOIL or GEOMEMBRANE LINER REQUIRED?  Y  N 20 mil GEOMEMBRANE LINER REQUIRED?  Y  N

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 NO. \_\_\_\_\_

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 **Robert D Gess** NAME (Print or Type) **ROBERT D GESS** PHONE (AC/NUMBER) **405 848 8998** DATE **8 25 06**

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.

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

WALK THROUGH

SEC **22** TOWNSHIP **24N** RANGE **5W**

WELL NAME **Windy Vista 1-22**

5.2. 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

Off-Site Pit No.       

5.2. 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 Yield >50  
 E. SOIL or GEOMEMBRANE LINER REQUIRED?        Y        N 20 ml GEOMEMBRANE LINER REQUIRED?        Y        N

9. Bottom Hole Location SEC        TWP        RGE        COUNTY         
 for Directional Hole:       

SPOT LOCATION: FEET FROM QUARTER from SOUTH LINE from WEST LINE  
 1/4 1/4 1/4 1/4 SECTION LINES:  
 Measured Total Depth True Vertical Depth BHL from Lease, Unit, Or Property Line:

10. 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  
 1/4 1/4 1/4 1/4 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  
 1/4 1/4 1/4 1/4 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:

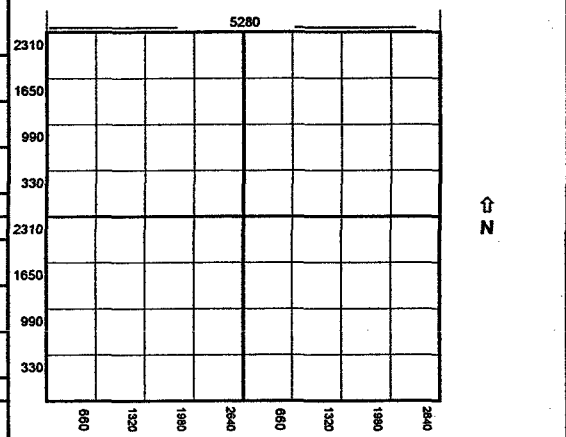
11. AFFIDAVIT FOR ALTERNATIVE CASING PROGRAM (Signature on front of this form attests to this affidavit)

- 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, 2800 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)	Deepest producing interval

- 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.
- 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.

28. Locate Bottom Hole



- 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.

INTENT TO DRILL CHECKLIST

APPROVED  
        
        
      

OCC USE ONLY

REJECTED  
        
        
      

OCC USE ONLY

38561/40 (N/2)  
 1. SURETY  
 A. NONE filed. LC  
 B. EXPIRED: Date 8/11/07  
 C. OUTSTANDING CONTEMPT ORDER.  
 2. INTENTS  
 11278/320 SU NW/SE (AN)  
 Xtn 51071 SKNR  
 Xtn 110309 MSSLM  
 235909/160  
 V2C 11278 SKNR, MSSLM  
 Xtn 230286 SKNR  
 Xtn 218610 MSSLM  
 274405/160  
 Xtn 252905 TNLW, LYTNT, OJWG  
 MSNR, ULOL, SMPSPD  
 3. SPACING  
 4. GEOLOGY  
 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  
 B. UNSPACED: Less than 2500 ft (165')/More than 2500 ft (330')  
 Only        ft from N/S and        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) SULD  
 D. LOCATION EXCEPTION:  
 1. Surface hole location different  
 2. 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/Increased Density/Pooling  
 Increased Density/Location Exception EXPIRED  
 Date Order Expired:         
 H. Outline Lease or Property Boundary

DO NOT WRITE INSIDE THIS BOX

8/25/08

Check # 6589  
 \$300.00  
 SUPERIOR OIL AND GAS CO  
 Cashier: JPN  
 Date: 08/25/2008  
 Time: 10:58  
 RECEIPT 071040051  
 OKLA CORP COMM

OTC/OCC Number: 21997-0

API Number: 047-24396

Approval Date: 08/25/2006  
Expiration Date: 02/25/2007

Notice of Intention To: DRILL

Type of Drilling Operation: STRAIGHT HOLE  
County: GARFIELD Spot Location: CNE4 NE4  
Feet From: SOUTH 1/4 Section Line 1980  
Lease Name: WINDY VISTA

Well Type: OIL/GAS  
Feet From: WEST 1/4 Section Line 1980  
Well No: 1-22

Well Location: Sec: 22 Twp: 24N Rge: 05W  
Feet from the nearest lease line: 660  
Operator Name: SUPERIOR OIL & GAS

TELEPHONE: (405) 350-0404

Surface Owner Address  
ROBERTA IRENE BUSS MARTIN  
606 RENEE DR  
HANOVER KS 67002

Operator Return Address  
SUPERIOR OIL & GAS  
14910 NW 36TH ST  
YUKON OK 73099

Operation to Begin: 00/00/0000

Fresh Water Supply Well Drilled: NO

Surface Water used to Drill: YES

Formation Codes, Names, Depths, (Permit Valid For Listed Formations Only):

(1) 406TNKW	TONKAWA	/SAND/	3865	(2) 405LYTNT	LAYTON TRUE		4590
(3) 404OSWG	OSWEGO	/LM/	5115	(4) 404SKNR	SKINNER	/SD/	5275
(5) 351MSSLM	MISS LM		5600	(6) 319MSNR	MISENER		6215
(7) 202VIOL	VIOLA	/LM, GROUP/	6240	(8) 202SMPSD	SIMPSON DOLO		6290
(9) 202WLCX1	WILCOX 1		6400				

Spacing Order Numbers: 38561 235909 274405

Special Orders:

Pending CD Numbers: Location Exception Orders: Increased Density Orders:

Total	Ground	Surface	Depth to base of Treatable
Depth:	Elevation	Casing:	Water-Bearing FM:
6500	1132	330	280

PIT 1 INFORMATION:

Type of Pit System: ON-SITE  
Type of Mud System:  
WATER BASED  
Expected Chloride Content of Pit:  
Maximum 25000 PPM; Average 8000 PPM  
Pit is not located in a Hydrologically Sensitive Area.  
Category of Pit: 2  
Liner not required for Category: 2 PIT  
Pit Location is NON-HSA.  
Pit Location Formation: FAIRMNT

Approved Method for disposal of Drilling Fluids:

Evaporation/Dewater and Backfilling of Reserve Pit.

This permit does not address the right of entry or settlement of surface damages. The duration of this permit is Six Months, except as otherwise provided by Rule 165: 10-3-1.

Rule 165: 10-3-4 (E)- The Operator shall give 24 Hours notice by telephone to the appropriate District Office of the Conservation Division as to when Surface Casing will be run.

SCANNED