

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000
REV. 2003

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)

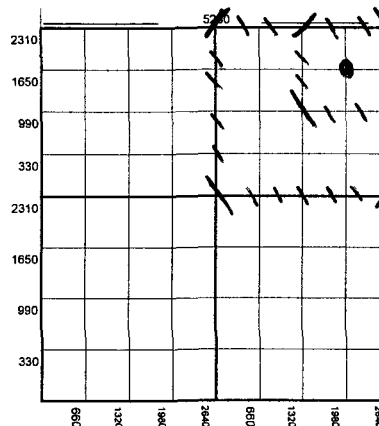
BATCH NUMBER (OCC USE ONLY)

1. OTC/OCC OPERATOR NUMBER
21997
2. API NUMBER
047-24396

3. NOTICE OF INTENT TO: (CHECK ONLY ONE)
DRILL ___ RECOMPLETE ___ REENTER ___ DEEPEN ___ x AMEND - REASON Add formation ___
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. x STRAIGHT HOLE ___ DIRECTIONAL HOLE ___ HORIZONTAL HOLE ___
B. x OIL/GAS ___ INJECTION ___ DISPOSAL ___ WATER SUPPLY ___

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



5. WELL LOCATION:
SECTION 22 TOWNSHIP 24N RANGE 5W COUNTY Garfield
SPOT LOCATION: C NE 1/4 NE 1/4 FEET FROM QUARTER from SOUTH LINE from WEST LINE
SECTION LINES: 1980' 1980'

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 N.W. 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 HANDOVER STATE KS ZIP CODE 67002

11. Is well located on lands under federal jurisdiction? ___ Y ___ x ___ N
12. Will a water well be drilled? ___ Y ___ x ___ N
Will surface water be used? ___ x ___ Y ___ N

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

Table with 2 columns: Formation Name, Depth.
1) 2ND WILCOX 6346' 6)
2) 7)
3) 8)
4) 9)
5) 10)

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 280' 22. SURFACE CASING 330' 23. ALT CASING PROG USED? ___ Y ___ x ___ 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.

25.1 PIT INFORMATION. Using more than one pit or mud system? ___ Y ___ x ___ N If yes, fill out line 25.2 on top reverse side.
A. TYPE OF MUD SYSTEM: x WATER BASED ___ OIL BASED ___ GAS BASED (AIR DRILL)
B. EXPECTED MUD CHLORIDE CONTENT: maximum 25000 ppm; average: 8000 ppm.

PIT #1 C. TYPE OF PIT SYSTEM: x 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? x ___ Y ___ N

E. WITHIN 1 MILE OF MUNICIPAL WATER WELL? ___ Y ___ x ___ N Off-Site Pit No.
F. WELLHEAD PROTECTION AREA? ___ Y ___ x ___ 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:
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)
x 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. Day NAME (Print or Type) Robert D. Gray PHONE (AC/NUMBER) 405-848-8998 DATE 9/11/2007

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

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

Off-Site Pit No.

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

29. Bottom Hole Location SEC TWP RGE COUNTY
 for Directional Hole:
 SPOT LOCATION: 1/4 1/4 1/4 1/4 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: 1/4 1/4 1/4 1/4 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:

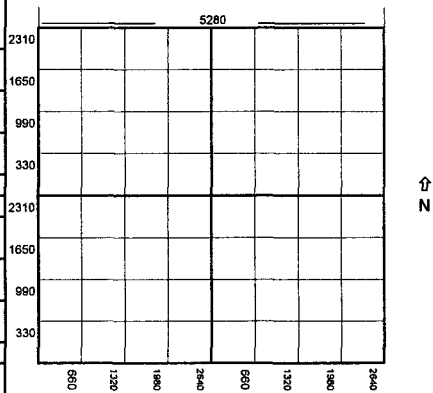
DRAIN HOLE #2: SEC TWP RGE COUNTY
 SPOT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM QUARTER from SOUTH LINE from WEST LINE
 SECTION LINES:
 Depth of Deviation Radius of Turn Direction Total Length
 Measured Total Depth True Vertical Depth End Point location from lease, unit or property line:

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. 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, 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	REJECTED
_____	_____
_____	_____
_____	_____
_____	_____

OCC USE ONLY

1. SURETY
 A. NONE filed.
 B. EXPIRED: Date
 C. OUTSTANDING CONTEMPT ORDER

2. INTENTS

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 current.
 B. UNSPACED: Less than 2500 ft (165')/More than 2500 ft (330')
 Only ft from N/S and from EAW 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/L/D
 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
 Date Order Expired:
 H. Lease or Property Boundary

DO NOT WRITE INSIDE THIS BOX

OKLA CORP COMM RECEIPT 081470047
 Date: 08/14/2007 Time: 12:12
 Case: 00000000
 Cashier: JYP
 Payor: SUPERIOR OIL AND GAS COMPANY