

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
083 23869

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

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 **23** TOWNSHIP **18N** RANGE **3W** COUNTY **LOGAN**

SPOT LOCATION: **NE 1/4 NE 1/4 NW 1/4 NW 1/4** FEET FROM QUARTER from SOUTH LINE **260** from WEST LINE **1040**
SECTION LINES:

7. Well will be **280'** feet from nearest unit or property boundary.

8. LEASE NAME: **CHICKIE** WELL NUMBER: **1-23**

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

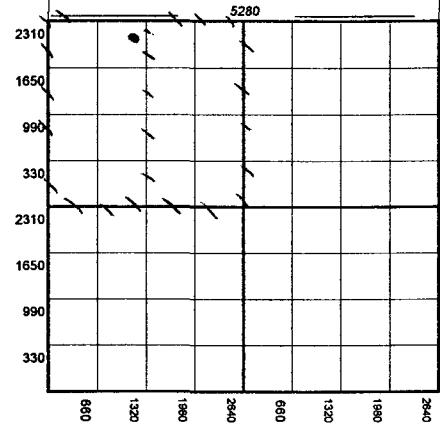
ADDRESS **14910 NW 36th ST** PHONE (AC/NUMBER) **405 350 0404**

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

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

ADDRESS **RR 1 Box 188** PHONE (AC/NUMBER) **405 466 2675**

CITY **COYLE** STATE **OK** ZIP CODE **73027**



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

- | | |
|---------------------------|------------------------|
| 1) LAYTON 4700' | 6) JUNTON 6010' |
| 2) OSWEGO lime 5400' | 7) UICOLA 6100' |
| 3) SICINNEK 5500' | 8) FIRST WILCOX 6200' |
| 4) MISSISSIPPI lime 5600' | 9) SECOND WILCOX 6250' |
| 5) MISENER 6400' | 10) ARBUCKLE 6600' |

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S): **70019-5050 (SW/NE) 127161 (NW SE) 5080 7,160 spacing**

16. PENDING APPLICATION C.D. NO. **200703067** 17. LOCATION EXCEPTION ORDER NO. 18. INCREASED DENSITY ORDER NO.

19. TOTAL DEPTH **6800** 20. GROUND ELEV. **990** 21. BASE OF TREATABLE WATER **140** 22. SURFACE CASING **190** 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 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: **2000** 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 Off-Site Pit No. _____

26.1 A. CATEGORY 1A 1B 2 3 4 C
 OCC USE ONLY B. PIT LOCATION: _____ Alluvial Plain/Terrace Deposit _____ Bedrock Aquifer _____ Other H.S.A. _____ Non-H.S.A. Fr: _____
 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 Gray** NAME (Print or Type) **ROBERT D GRAY** PHONE (AC/NUMBER) **405 848 8998** DATE **12/7/07**

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.

SEC **23**
TOWNSHIP **18N**
RANGE **3W**
WELL NAME **CHICKIE**
1-23

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.
 PIT #2 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: _____ FEET FROM QUARTER from SOUTH LINE from WEST LINE
 1/4 1/4 1/4 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
 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 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)

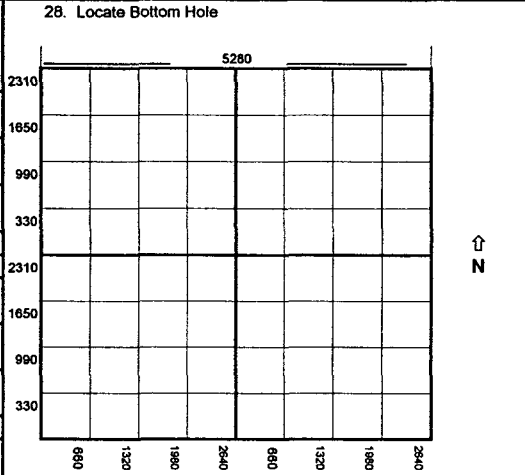
Name of Owner/Operator	Address of Owner/Operator	Location (Nearest 1/4 1/4 1/4)	Deepest producing interval

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.

APPROVED	REJECTED	OCC USE ONLY	OCC USE ONLY	OCC USE ONLY
<i>Jh</i>	_____	1. SURETY A. NONE filed. B. EXPIRED: Date <u>8-11-08</u> C. OUTSTANDING CONTEMPT ORDER.	LC	
_____	_____	2. INTENTS _____ _____		
_____	_____	3. SPACING		
_____	_____	4. GEOLOGY		

DO NOT WRITE INSIDE THIS BOX

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 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) SU/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
 Date Order Expired: _____
 H. Outline Lease or Property Boundary



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.