

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000
REV. 2003

FILE ORIGINAL ONLY

PLEASE TYPE OR USE BLACK INK

1. OTCC/OCC OPERATOR NUMBER
21997
2. API NUMBER

OKLAHOMA CORPORATION COMMISSION
WALK THROUGH
JIM THORPE BUILDING
P.O. BOX 52000
OKLAHOMA CITY, OK 73152-2000
(RULE 165:10-3-1)

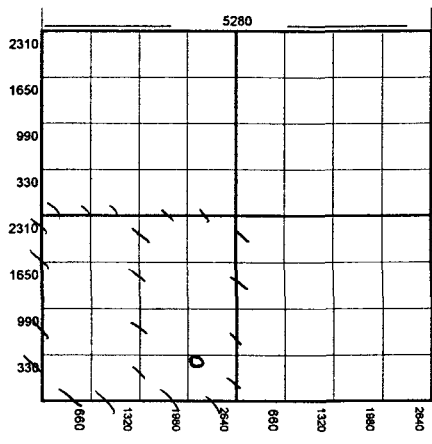
BATCH NUMBER (OCC USE ONLY)

WALK THROUGH

3. NOTICE OF INTENT TO: (CHECK ONLY ONE)
 DRILL RECOMPLETE REENTER DEEPEN AMEND - REASON
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 14 TOWNSHIP 18N RANGE 3W COUNTY LOGAN
SPOT LOCATION: NW 1/4 SE 1/4 SE 1/4 SW 1/4 FEET FROM QUARTER from SOUTH LINE from WEST LINE
SECTION LINES: 600' 640'

7. Well will be 600' feet from nearest unit or property boundary.

8. LEASE NAME: GAYLA WELL NUMBER: 1-14

9. NAME OF OPERATOR: SUPERIOR OIL AND GAS COMPANY OF OKLAHOMA
ADDRESS: 14910 SW 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)
CARDL DUKE
ADDRESS: n. 206 W. COUNTY ROAD 68 PHONE (AC/NUMBER) 405 649 2554
CITY GUTHRIE STATE OK ZIP CODE 73044

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

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

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

- 1) LAYTON 4700'
- 2) SKINNER 5300'
- 3) RED FORK 5500'
- 4) BARTLEVILLE 5600'
- 5) DUNTON 6000'
- 6) VIOLA 6000'
- 7) FIRST WILCOX 6200'
- 8) SECOND WILCOX 6300'
- 9) ARBUCKLE 6600'
- 10)

13. DATE OPERATION TO BEGIN:

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S):
127161-SU 80 (NWSE) 1, 2, 6, 8 175153-SU 80 (NWSE) 3, 4, 5 9 UNSPACED

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

19. TOTAL DEPTH 6800' 20. GROUND ELEV. 1017 21. BASE OF TREATABLE WATER 22. SURFACE CASING 23. ALT CASING PROG USED? Y 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: X 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: 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? 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)
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. Gray NAME (Print or Type) ROBERT D GRAY PHONE (AC/NUMBER) 405 848 8998 DATE 01 11 08

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

SEC 14
TOWNSHIP 18N
WELL NAME GAYLA
RANGE 3W
(14)

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 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 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: _____

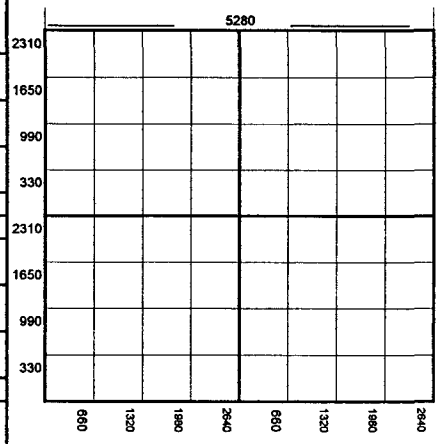
31. AFFIDAVIT FOR ALTERNATIVE CASING PROGRAM (Signature on front of this form attests to this affidavit)

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.

28. Locate Bottom Hole



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.

INTENT TO DRILL CHECKLIST

APPROVED	REJECTED

OCC USE ONLY

1. SURETY *LC* *08/11/08*

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 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

E. 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

OKLA CORP COMM RECEIPT 082560007
 Date: 01/15/2008
 Case: 00000000
 Cashier: JYP
 Pay to: SUPERIOR OIL AND GAS COMPANY
 Amount: \$500.00
 Check # 7914
 Emerg Walk Thru ID