

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000 REV. 2014

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 23209
2. API NUMBER 133-25245

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 ___ STRAT TEST ___ SERVICE WELL

5. WELL LOCATION:
SECTION 14 TOWNSHIP 7N RANGE 6E COUNTY SEMINOLE

SPOT LOCATION: 1/4 NW 1/4 NE 1/4 NW 1/4 FEET FROM QUARTER from NORTH LINE from WEST LINE SECTION LINES: 195' 1760'

7. Well will be 195' feet from nearest unit or property boundary.

8. LEASE NAME: WALTER SUNNY WELL NUMBER: 2-14

9. NAME OF OPERATOR: CIRCLE 9 RESOURCES LLC EMAIL ADDRESS: ADMIN@CIRCLE9LLC.COM

ADDRESS: P.O. BOX 18734 PHONE (AC/NUMBER) 405-529-6577

CITY: OKLAHOMA CITY STATE: OK ZIP CODE: 73154

10. SURFACE OWNER (ONE ONLY, ATTACH SHEET FOR ADDITIONAL OWNERS)
MONTY GENE YERBY REVOCABLE TRUST

ADDRESS: 13339 HIGHWAY 99

CITY: MAUD STATE: OK ZIP CODE: 74854

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

- 1) CALVIN (2080') 6) VIOLA (3960')
2) BOOCH (3190') 7) SIMPSON (4025')
3) GILCREASE (3230') 8) FIRST WILCOX (4050')
4) UNION VALLEY (3280') 9) MARSHALL (4140')
5) CROMWELL (3300') 10) SECOND WILCOX (4180')

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S): N/A -LEASE UNIT - 80 ACRES

16. PENDING APPLICATION C. D. NO. 17. LOCATION EXCEPTION ORDER NO. Cause CD No. 201703078 18. INCREASED DENSITY ORDER NO.

19. TOTAL DEPTH 4380' 20. GROUND ELEV. 21. BASE OF TREATABLE WATER 1130' 22. SURFACE CASING 1180' 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: 8000 ppm; average: 5000 ppm.

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. Fr: ___

C. Special area or field rule? ___ D. DEEP SCA? ___ Y ___ N E. CBL required? ___ Y ___ N

F. SOIL COMPACTED LINER REQUIRED? ___ Y ___ N G. 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. Public Landfill/Location
___ C. Annular Injection (REQUIRES PERMIT and surface casing set 200 feet below base of treatable water-bearing formation.) PERMIT NO. ___

___ X ___ D. One time land application (REQUIRES PERMIT) PERMIT NO. 17-32638
___ E. Haul to Commercial pit facility; Specify site: Order No. ___

___ F. Haul to Commercial soil farming facility; Specify site: Order No. ___

___ G. Haul to recycling/re-use facility; Specify site: Order No. ___

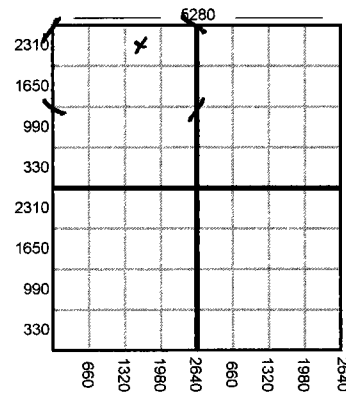
___ H. Other, Specify: ___

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: [Signature] NAME (Print or Type): Jay Whipple PHONE (AC/NO): FAX (AC/NO): DATE: 5/22/17

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.

Change Well # add land permit



SEC 14 TOWNSHIP 7N RANGE 6E

NOTIFY DISTRICT OFFICE 24 HOURS PRIOR TO CEMENTING SURFACE CASING.

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 E. CBL? Y N
 F. SOIL COMPACTED LINER REQUIRED? Y N G. 20 mil GEOMEMBRANE LINER REQUIRED Y N

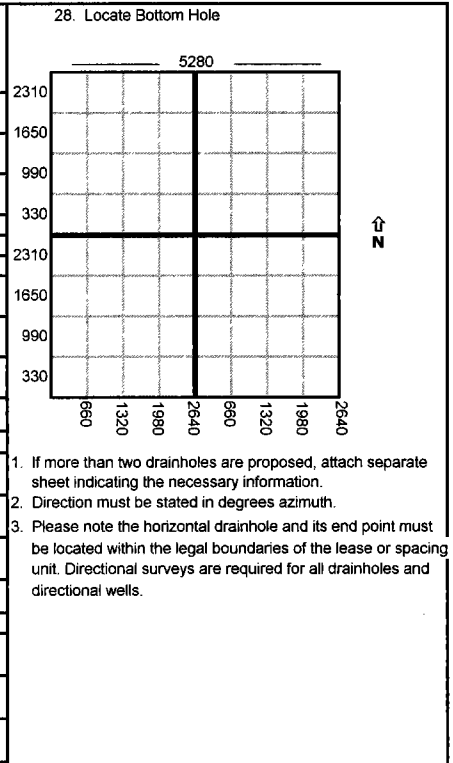
29 Bottom Hole Location SEC TWP RGE COUNTY
 for Directional Hole:
 SPOT LOCATION: 1/4 1/4 1/4 FEET FROM QUARTER from SOUTH LINE from WEST LINE
 SECTION LINES:
 Measured Total True Vertical BHL from nearest Lease, Unit, Or Property Line:
 Depth Depth

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

LATERAL #1: SEC TWP RGE COUNTY
 SPOT LOCATION: 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 True Vertical End Point location from nearest lease, unit
 Depth Depth or property line:

LATERAL #2: SEC TWP RGE COUNTY
 SPOT LOCATION: 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 True Vertical End Point location from nearest lease, unit
 Depth Depth or property line:

LATERAL #3: SEC TWP RGE COUNTY
 SPOT LOCATION: 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 True Vertical End Point location from nearest lease, unit
 Depth Depth or property line:



31. 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, 3800 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 1/4)	Depth of Well

- 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. **OCC USE ONLY**
- 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
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1. SURETY 2-25-2018
 A. NONE filed.
 B. EXPIRED: Date
 C. OUTSTANDING CONTEMPT ORDER.

4. GEOLOGY

DO NOT WRITE INSIDE THIS BOX

DATE: 05/26/2017 Time: 14:03
 Case: 000000000 Cashier: CRO
 Payor: CIRCLE 9 RESOURCES
 Check: 004396 \$175.00
 46 Intent to Drill
 RECEIPT 17439894
 OKLA CORP COMM