APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000
REV. 2008

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: 23594
2. API NUMBER:

3. NOTICE OF INTENT TO: (CHECK ONLY ONE)
X 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. X STRAIGHT HOLE ___ DIRECTIONAL HOLE ___ HORIZONTAL HOLE
B. ___ OIL/GAS ___ INJECTION X DISPOSAL ___ WATER SUPPLY ___ STRAT TEST ___ SERVICE WELL
Rockdale Resurces Corp. dba Petrolia — Petrolia

5. WELL LOCATION:

SECTION	TOWNSHIP	RANGE	COUNTY
1	17N	6W	KINGFISHER

SPOT LOCATION: SE 1/4 NW 1/4 SW SW 1/4
FEET FROM QUARTER SECTION LINES: from SOUTH LINE 760 FSL from WEST LINE 420 FWL

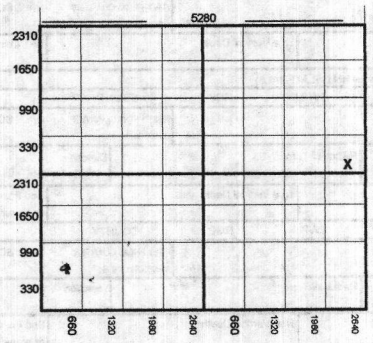
7. Well will be 420 feet from nearest unit or property boundary.

8. LEASE NAME: CHOATE SWD WELL NUMBER: 2

9. NAME OF OPERATOR: Choate Disposal Services LLC EMAIL ADDRESS: apecapec@msn.com
ADDRESS: P.O. BOX 597 PHONE (AC/NUMBER): 405-612-4249
CITY: HENNESSEY STATE: OK ZIP CODE: 73742

10. SURFACE OWNER (ONE ONLY, ATTACH SHEET FOR ADDITIONAL OWNERS): Choate Disp Services LLC
ADDRESS: P.O. Box 597
CITY: HENNESSEY STATE: OK ZIP CODE: 73742

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



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? ___ Y X N
13. Date Operation to Begin: 11/8/2017

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

1)	VIRGILIAN	3500'	6)	
2)	PENNSYLVANIAN	5500	7)	
3)	SIMPSON	8000	8)	
4)			9)	
5)			10)	

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S): none

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

19. TOTAL DEPTH	20. GROUND ELEV.	21. BASE OF TREATABLE WATER	22. SURFACE CASING	23. ALT CASING PROG USED?
8300	1095	125	300	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 5000 ppm; average: 1000 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
F. WELLHEAD PROTECTION AREA? ___ Y X N
Off-Site Pit No. _____

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 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)
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.) PERMIT NO. _____
___ D. One time land application ---------- (REQUIRES PERMIT) PERMIT NO. _____
___ 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	NAME (Print or Type)	PHONE (AC/NO.)	FAX	DATE
	SALEEM NIZAMI-CONSULTANT	405-513-6055		11/3/2017

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 File the Form 1001A, Spud Report, within fourteen days of commencement of operations.

SEC 1 TOWNSHIP 17N RANGE 6W
WELL NAME CHOATE SWD # 2

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 Off-Site Pit No. _____

F. WELLHEAD PROTECTION AREA? _____ Y _____ N

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 for Directional Hole: SEC TWP RGE COUNTY

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

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

LATERAL #1: SEC TWP RGE COUNTY

SPOT LOCATION 1/4 1/4 1/4 1/4	FEET FROM QUARTER SECTION LINES: from SOUTH LINE from WEST LINE		
Depth of Deviation	Radius of Turn	Direction	Total Length
Measured Total Depth	True Vertical Depth	End Point location from nearest lease, unit or property line:	

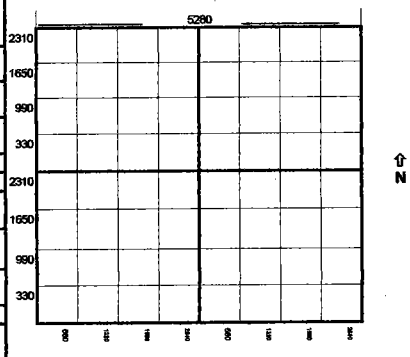
LATERAL #2: SEC TWP RGE COUNTY

SPOT LOCATION 1/4 1/4 1/4 1/4	FEET FROM QUARTER SECTION LINES: from SOUTH LINE from WEST LINE		
Depth of Deviation	Radius of Turn	Direction	Total Length
Measured Total Depth	True Vertical Depth	End Point location from nearest lease, unit or property line:	

LATERAL #3: SEC TWP RGE COUNTY

SPOT LOCATION 1/4 1/4 1/4 1/4	FEET FROM QUARTER SECTION LINES: from SOUTH LINE from WEST LINE		
Depth of Deviation	Radius of Turn	Direction	Total Length
Measured Total Depth	True Vertical Depth	End Point location from nearest lease, unit or property line:	

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.

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, 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)	Depth of Well

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.

INTENT TO DRILL CHECKLIST OCC USE ONLY OCC USE ONLY OCC USE ONLY

APPROVED REJECTED

SD _____ 1. SURETY 11/3/16

A. NONE filed.

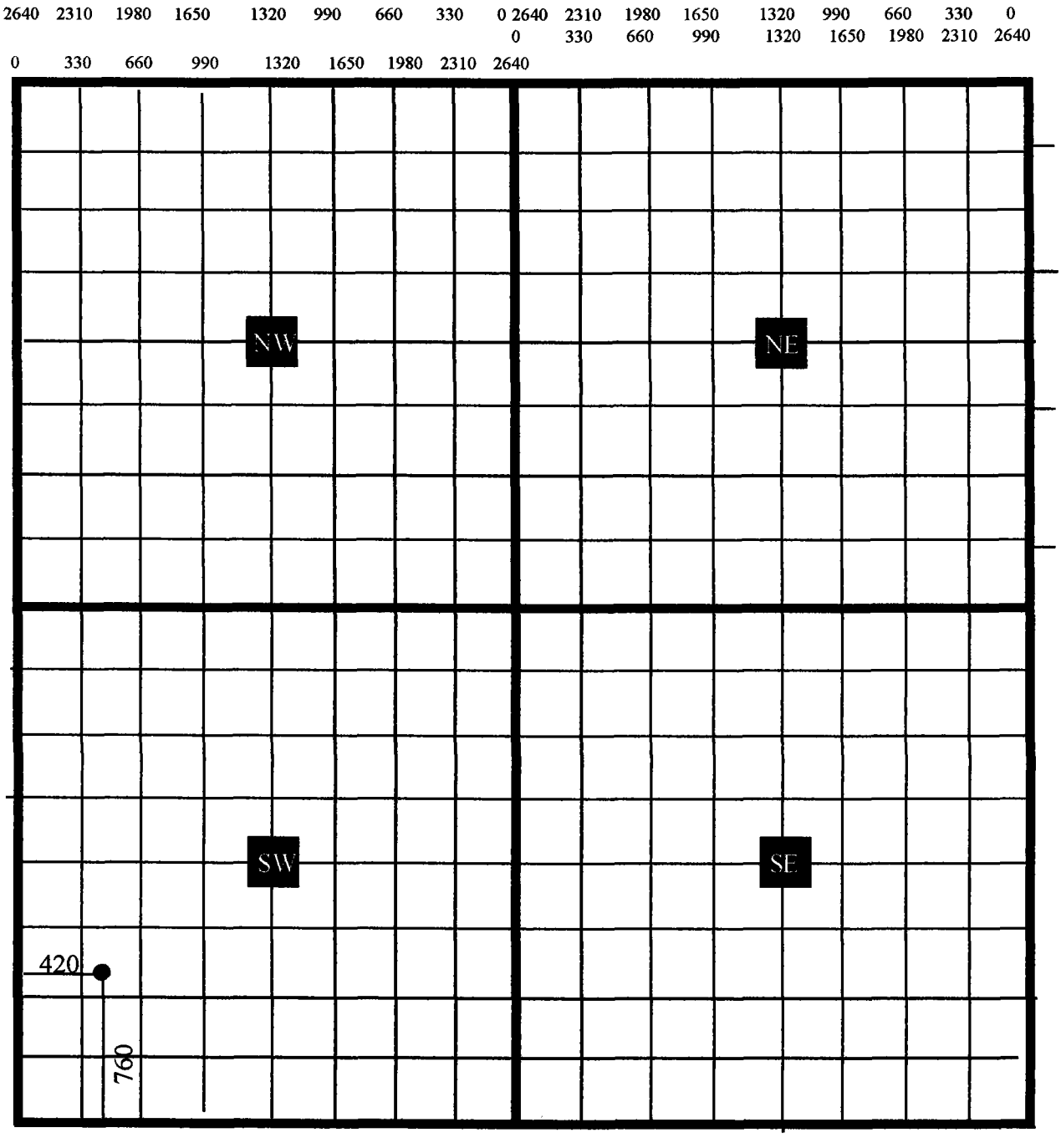
B. EXPIRED: Date _____

C. OUTSTANDING CONTEMPT ORDER.

_____ _____ 4. GEOLOGY

DO NOT WRITE INSIDE THIS BOX

OKLA CORP COMM
RECEIPT 1804500028
Date: 11/03/2017 Time: 14:20
Case: 000000000 Cashier: DRS
Payor: SALEEM NIZAMI
$175.00
46 Intent to Drill
Check: 2426



CHOATE SWD #2 SPOT LOCATION SE NW SW SW 1-17N-6W 760 FSL 420 FWL OF SW/4