

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000
REV. 2014

FILE ORIGINAL ONLY
PLEASE TYPE OR USE BLACK INK

1. OTC/OCC OPERATOR NUMBER
22183

2. API NUMBER

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)
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 STRAT TEST SERVICE WELL

5. WELL LOCATION:

SECTION	11	TOWNSHIP	01N	RANGE	20W	COUNTY	Jackson
SPOT LOCATION:							
1/4		NE	1/4	SE	1/4	NW	1/4
FEET FROM QUARTER				from SOUTH LINE		from WEST LINE	
SECTION LINES:				990		2310	

7. Well will be **330** feet from nearest unit or property boundary.

8. LEASE NAME: **Walls** WELL NUMBER: **9**

9. NAME OF OPERATOR: **Fulcrum Exploration, LLC** EMAIL ADDRESS:

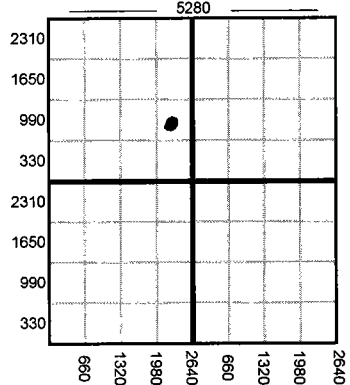
ADDRESS: **3700 River Walk Drive, Suite 175** PHONE (AC/NUMBER): **214-513-7610**

CITY: **Flower Mound** STATE: **TX** ZIP CODE: **75028**

10. SURFACE OWNER (ONE ONLY, ATTACH SHEET FOR ADDITIONAL OWNERS)
Marc Walls

ADDRESS: **11425 Warwick Place Drive**

CITY: **Oklahoma City** STATE: **OK** ZIP CODE: **73162**



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

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

13. Date Operation to Begin **02/15/18**

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

1) Permian	1400'	6)
2) Cisco	1550'	7)
3)		8)
4)		9)
5)		10)

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S):

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?
1800'	1315'	210'	260'	<input type="checkbox"/> Y <input checked="" type="checkbox"/> 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: **5000** ppm; average: **3000** 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. 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)

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. _____

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 (AC/NO.)	DATE
<i>Heidi Carbo</i>	Heidi Carbo	214-513-7610	972-874-2415	02/01/18

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.

11
SEC 11
TOWNSHIP 1N
Walls
RANGE 20W
9
WELL NAME



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.
- 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 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 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 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 _____ 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 nearest lease, unit 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 Depth _____ True Vertical Depth _____ End Point location from nearest lease, unit or property line: _____

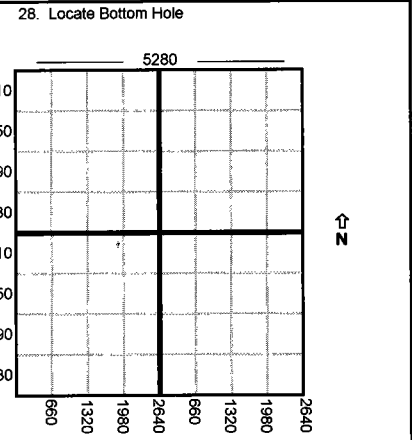
LATERAL #3: SEC _____ TWP _____ RGE _____ COUNTY _____

SPOT LOCATION: 1/4 _____ 1/4 _____ 1/4 _____ 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 nearest lease, unit or property line: _____



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 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. **OCC USE ONLY**
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

APPROVED	REJECTED	OCC USE ONLY	OCC USE ONLY
<u>Sh</u>	<input type="checkbox"/>	1. SURETY	8/7/18
		A. NONE filed.	
		B. EXPIRED: Date _____	
		C. OUTSTANDING CONTEMPT ORDER.	
		4. GEOLOGY	

DO NOT WRITE INSIDE THIS BOX

RECEIPT 1808890015

Date: 03/02/2018 Time: 08:38

Case: 000000000 Cashier: RSJ

Favor: FULCROM EXPLORATION LLC

Check: 9254 \$500.00

45 Emerg Walk Thru ITI

OKLA CORP COMM