

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000  
REV. 2009

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  
**18634-0**

2. API NUMBER  
**065-26304**

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

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

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

5. WELL LOCATION:

SECTION **18** TOWNSHIP **2S** RANGE **23W** COUNTY **JACKSON**

SPOT LOCATION: **C 1/4 | NW 1/4 | NW 1/4 | NW 1/4** FEET FROM QUARTER from SOUTH LINE from WEST LINE  
 SECTION LINES: **230 330**

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

8. LEASE NAME: **BILLIE** WELL NUMBER:

9. NAME OF OPERATOR **GLB EXPLORATION, INC** EMAIL ADDRESS:

ADDRESS **7716 MELROSE LANE** PHONE (AC/NUMBER) **405-787-0049**

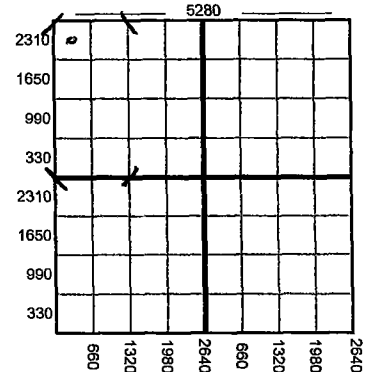
CITY **OKLAHOMA CITY** STATE **OK** ZIP CODE **73127**

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

**CHRIS L. QUISBERG TRUSTEE**

ADDRESS **PO BOX 1624**

CITY **VERNON** STATE **TX** ZIP CODE **76384**



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 X Y N

13. Date Operation to Begin  
**MARCH 2018**

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

|                  |             |     |
|------------------|-------------|-----|
| 1) <b>CISCO</b>  | <b>4200</b> | 6)  |
| 2) <b>CAWTON</b> | <b>4910</b> | 7)  |
| 3) <b>STRAWN</b> | <b>5866</b> | 8)  |
| 4)               |             | 9)  |
| 5)               |             | 10) |

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S):  
**388922-80**

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

19. TOTAL DEPTH **6000** 20. GROUND ELEV. **1470** 21. BASE OF TREATABLE WATER **150** 22. SURFACE CASING **250** 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

A. TYPE OF MUD SYSTEM:  WATER BASED OIL BASED GAS BASED (AIR DRILL)

B. EXPECTED MUD CHLORIDE CONTENT: maximum: **4500** ppm; average: **2000** 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

F. WELLHEAD PROTECTION AREA? Y  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. Frm:  
 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. 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 **Glenn Blumstein** NAME (Print or Type) **GLENN BLUMSTEIN** PHONE (AC/NO.) **405-787-0049** FAX **787-8884** DATE **3/6/18**

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.

SEC 18  
 TOWNSHIP 2S  
 RANGE 23W  
 # 1

WELL NAME  
**BILLIE**



**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

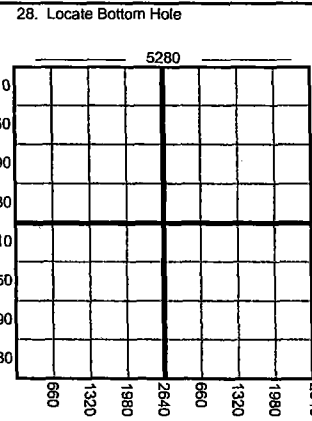
29 Bottom Hole Location SEC          TWP          RGE          COUNTY           
 for Directional Hole:  
 SPOT LOCATION: 1/4          1/4          1/4          1/4          FEET FROM QUARTER from SOUTH LINE from WEST LINE  
 SECTION LINES:  
 Measured Total True Vertical BHL from nearest Lease, Unit,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



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 SD REJECTED         

**OCC USE ONLY**

1. SURETY           
 A. NONE filed. aliohs  
 B. EXPIRED: Date           
 C. OUTSTANDING CONTEMPT ORDER.         

4. GEOLOGY         

**DO NOT WRITE INSIDE THIS BOX**

RECEIPT 1809260019  
 Date: 03/06/2018 Time: 12:11  
 Case: 000000000 Cashier: CRS  
 Payor: GLB EXPLORATION, INC.  
 Check: 067474 \$175.00  
 46 Intent to Drill