

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000
REV. 2007

FILE ORIGINAL ONLY

PLEASE TYPE OR USE BLACK INK

1. OTC/OCC OPERATOR NUMBER
21997-0

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)

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	25	TOWNSHIP	16N	RANGE	6W	COUNTY	Kingfisher
SPOT LOCATION:							
1/4	1/4	1/4	C-NE	1/4	SECTION LINES:	1320	1320

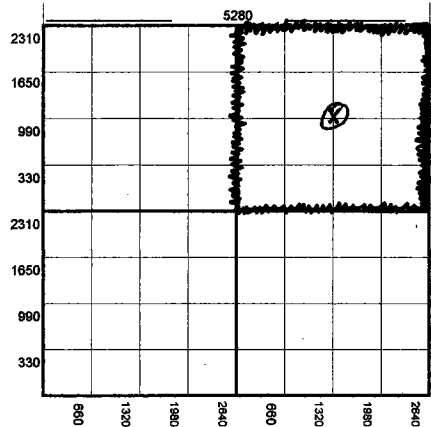
7. Well will be 1320 feet from nearest unit or property boundary.

8. LEASE NAME: Washington WELL NUMBER: #1-25

9. NAME OF OPERATOR: Superior Oil and Gas Co. of Okl EMAIL ADDRESS: sog@pldi.net
ADDRESS: 844 S. Walbaum Rd. PHONE (AC/NUMBER): 405-884-2080
CITY: Calumet STATE: OK ZIP CODE: 73014

10. SURFACE OWNER (ONE ONLY, ATTACH SHEET FOR ADDITIONAL OWNERS)
Colleen Foster
ADDRESS: P.O. Box 15
CITY: Cashion STATE: OK ZIP CODE: 73016

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? X Y N

13. Date Operation to Begin: to be determined

14. LIST TARGET FORMATIONS AND DEPTHS OF EACH BELOW (LIMITED TO TEN)
- | | |
|----------------------------|----------------------------|
| 1) Layton 5800' | 6) Mississippi Lime 7000' |
| 2) Oswego 6600' | 7) Hunton 7450' |
| 3) Prue 6700' | 8) Woodford 7600' |
| 4) Skinner 6870' | 9) |
| 5) Red Fork 6870' | 10) |

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S):
N/S 160AC. LEASE NE4 134703, 148178, 095157, 136896, 130630, 100528, 059098, 061631, 055880, 0

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

19. TOTAL DEPTH 7700' 20. GROUND ELEV. 1093' 21. BASE OF TREATABLE WATER 250' 22. SURFACE CASING 300' 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 total depth to 5500' 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: WATER BASED OIL BASED GAS BASED (AIR DRILL)
B. EXPECTED MUD CHLORIDE CONTENT: maximum: 2000 ppm; average: 1200 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? X Y N
E. WITHIN 1 MILE OF MUNICIPAL WATER WELL? Y X N
F. WELLHEAD PROTECTION AREA? Y X N

061541, 061637

SCANNED

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. Frn:
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: *[Signature]* NAME (Print or Type): *Ran Lloyd* PHONE (AC/NO): 405-884-2080 FAX: 405-884-2722 DATE: 10/19/10

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.

SEC 25
TOWNSHIP 16N
WASHINGTON
RANGE 6W
#1-25



CALL AND NOTIFY DISTRICT OFFICE AND SURFACE OWNER 24 HOURS PRIOR TO SPUD, REENTRY OR RECOMPLETION

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
 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? Y N 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 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 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 _____ 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: _____

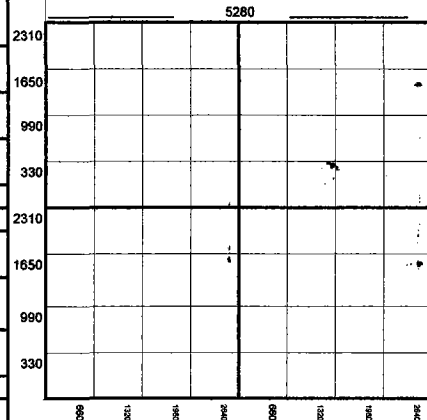
LATERAL #3: SEC _____ TWP _____ RGE _____ COUNTY _____

SPOT LOCATION
 1/4 _____ 1/4 _____ 1/4 _____ 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: _____

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

APPROVED _____ REJECTED _____

1. SURETY

- A. NONE filed.
 B. EXPIRED: Date 7-23-11
 C. OUTSTANDING CONTEMPT ORDER.

4. GEOLOGY

DO NOT WRITE INSIDE THIS BOX

OKLA CORP COMM RECEIPT 1102570118
 Date: 10/19/2010 Time: 11:39
 Case: 080080000 Cashier: CSN
 Payer: SUPERIOR OIL & GAS CO
 Check: 1428
 \$175.00
 45 Intent to Drill



JDC SURVEYS, INC.
 5409 NW 122nd Terrace
 Oklahoma City, OK 73162

128081

INVOICE NO.
 Jan 29, 2008

Date

SUPERIOR OIL AND GAS COMPANY

1-25

Washington Prospect

OPERATOR

NO.

FARM

Kingfisher

25 - 16N - 6W

C-NE

COUNTY

S

T

R

LOCATION

ELEVATION: 1093 Gr

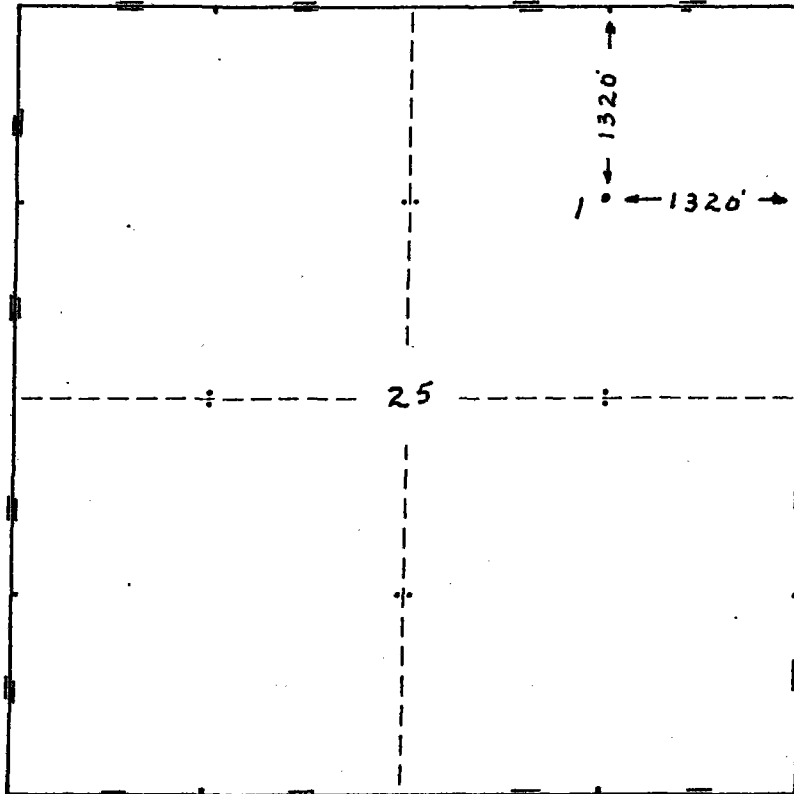
SUPERIOR OIL AND GAS COMPANY
 14910 NW 36TH Street
 Yukon, OK 73099



AUTHORIZED BY: Mr. Dan Lloyd

PHONE # (405) 350-0404

SCALE: 4" = 1 MILE



Staked in terraced wheat field.



I, John D. Cruse, Registered Land Surveyor,
 do hereby certify that the well location
 described above was surveyed and staked on
 the ground as shown.

John D Cruse

1-29-08