

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000
REV 1996

FILE ORIGINAL ONLY

PLEASE TYPE OR USE BLACK INK

1. OGC/OCC OPERATOR NUMBER 07910-0
2. API NUMBER

OKLAHOMA CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
JIM THORPE BUILDING
P.O. BOX 52000-2000
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

5. WELL LOCATION:

SECTION 20	TOWNSHIP 7N	RANGE 3W	COUNTY McCLAIN
SPOT LOCATION: SE/4 NW/4 SE/4			FEET FROM QUARTER from SOUTH LINE from WEST LINE SECTION LINES: 1400 1054

7. Well will be **273** feet from nearest unit or property boundary.8. LEASE NAME: **BRODY** WELL NUMBER: **#1-20**

9. NAME OF OPERATOR:

OKLAND OIL COMPANY

ADDRESS

PHONE (AC/NUMBER)

110 N. ROBINSON SUITE #400**405.236.3046**

CITY

STATE

ZIP CODE

OKLAHOMA CITY**OK****73102**

10. SURFACE OWNER (one only, attach sheet for additional owners)

CD & BS, LLC

ADDRESS

603 TERRACE PLACE

CITY

STATE

ZIP CODE

NORMAN**OK****73069**

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

1) HART SAND	8830	6)
2) OSBORNE SAND	9150	7)
3) HUNTON	9900	8)
4) VIOLA LIME	10450	9)
5) BROMIDE SAND	10900	10)

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

121652 - 80 ACRES

16. PENDING APPLICATION C.D. NO.

17. LOCATION EXCEPTION ORDER NO.

18. INCREASED DENSITY ORDER NO.

590517

19. TOTAL DEPTH

11000

20. GROUND ELEV.

1195

21. DEPTH TO BASE OF TIE

140

22. SURFACE CASING

500

23. ALT CASING PROG.

USED? N

24. ALTERNATIVE CASING PROCEDURE, check box and fill in blank (AFFIDAVIT REQUIRED, see reverse side, line 31.)

N/A A. Cement will be circulated from total depth to ground surface on the production casing string.

N/A B. Cement will be circulated from depth to depth by use of a two stage cementing technique.

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 BASE ☐ OIL BASED ☐ GAS BASED (AIR DRILL)B. Expected mud chloride content: maximum: **5000** ppm; average: **2500** ppmC. Type of Pit System: on-site, ☐ off-site, ☒ X closed; If off-site, specify location:D. Is depth to top of ground water greater than 10 ft below base of pit? ☒ X Y ☐ NE. Within 1 mile of municipal water well? ☐ Y ☒ X NF. Wellhead Protection Area ☐ Y ☒ X N

OFFSITE PIT #:

26.1. OCC USE ONLY		A. Category	1A	1B	2	3	4
		B. Pit Location	Alluvial Plain/Terrace Deposit <input type="checkbox"/> Bedrock Aquifer <input type="checkbox"/> Other HSA <input type="checkbox"/> Non-HSA: Fm <input type="checkbox"/>				
		C. Special area or field rule?	D. DEEP SCA? <input type="checkbox"/> Y <input type="checkbox"/> N Yield > 50 <input type="checkbox"/> E. CBL required? <input type="checkbox"/> Y <input type="checkbox"/> N				
		F. SOIL or GEOMEMBRANE LINER REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/> GEOMEMBRANE LINER REQUIRED? <input type="checkbox"/> Y <input type="checkbox"/> N 20 mil <input type="checkbox"/> 30 mil <input type="checkbox"/>				

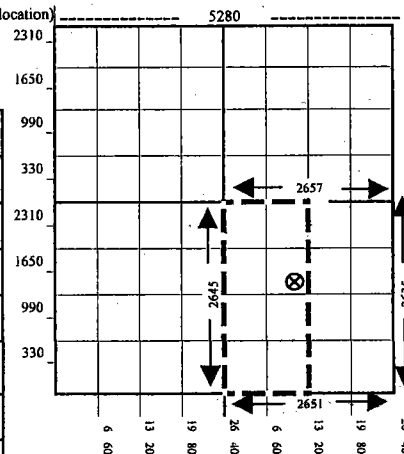
27. PROPOSED METHOD FOR DISPOSAL OF DRILLING FLUIDS (MUST BE COMPLETED)

- ☐ 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.)
☒ D. One time land application (REQUIRES PERMIT) PERMIT # **11-18340**
☐ E. Haul to Commercial pit facility; Specify site:
☐ F. Haul to Commercial soil farming facility; Specify site:
☐ G. Haul to recycling/re-use facility; Specify site:
☐ 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) MARK WELLS	PHONE(AC/NUMBER) 405.236.3046	DATE 1/23/2012
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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 operation.



20
7N
3W
1-20
BRODY
WELL NAME

25.2. PIT INFORMATION - PIT #2.

PIT #2

A. Type of mud system: WATER BASE 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 OFFSITE PIT #

F. Wellhead Protection Area Y N

26.2. OCC USE ONLY

A. Category: 1A 1B 2 3 4 Pit

B. Pit Location: Alluvial Plain/Terrace Deposit Bedrock Aquifer Other HSA Non-HSA

C. Special area or field rule? Deep SEA? Y N Yield > 50

E. SOIL or GEOMEMBRANE LINER REQUIRED? Y N GEOMEMBRANE LINER REQUIRED? Y 20 mil 20 mil

29. Bottom Hole Location SEC TWP RGE COUNTY

for Directional Hole:

SPOT LOCATION: 1/4 SEC 1/4 1/4 FEET FROM QUARTER from SOUTH LINE from WEST LINE

SECTION LINES:

Measured Total Depth True Vertical Depth BHL from Lease, Unit, or Property Line:

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

DRAIN HOLE #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 lease, unit or property line:

DRAIN HOLE #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

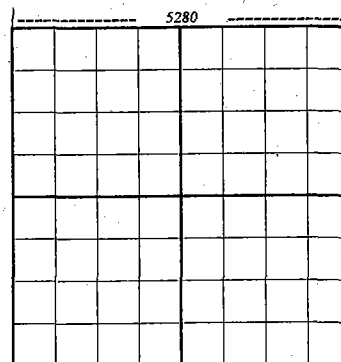
Measured Total Depth True Vertical Depth End point location from lease, unit or property line:

31. AFFIDAVIT FOR ALTERNATIVE CASING PROGRAM

(signature on front of this form attests to this affidavit)

1. This well WILL X 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 X WILL NOT exceed 50 gallons per minute.
3. 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, P.O. Box 150, Oklahoma City, OK 73101-0150). If no water wells are found, so state: (ATTACH ADDITIONAL SHEET IF NECESSARY)

Name of Owner/Operator Address of Owner/Operator Location (Nearest 1/4 1/4 1/4) Deepest producing interval



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.

INTENT TO DRILL CHECKLIST

APPROVED

REJECTED

OCC USE ONLY

OCC USE ONLY

OCC USE ONLY

1. SURETY

- A. NONE filed.
- B. EXPIRED: Date 2-1-13
- C. OUTSTANDING CONTEMPT ORDER.

2. INTENTS

3. SPACING

4. GEOLOGY

A. SURFACE CASING

1. Insufficient amount, Requires feet.
 2. Insufficient Alternate Casing Program.
 3. No Affidavit Submitted for Alternative Casing Program.
 4. Reentry requires feet, only current.
- B. UNSPACED: Less than 2500 ft (165')/ More than 2500 ft. (330')
Only ft from N/S and ft from E/W line.

C. SPACED: SPACING ORDER No.

1. Square Pattern: 2.5, 10, 40, 160, 640
2. Rectangular pattern: 5, 20, 80, 320
NW/SE or NE/SW
3. Rectangular slot pattern: 5, 20, 80, 320
Prior to 1971 (Y, N) SULD.

D. LOCATION EXCEPTION:

1. Surface Hole Location different
2. Bottom Hole Location different

E. PENDING APPLICATION: Spacing/Location Exception

C.D. No. H.O.M. DATE: F. OPERATOR NAME DIFFERENT in order No. Name on order:

Location Exception/Increased Density/Pooling

G. Increased Density/Location Exception EXPIRED

Order Expired: Date:

H. Outline Lease or Property Boundary

DO NOT WRITE INSIDE THIS BOX

Checklist 034929

4475.00

OKLA CORP COMM RECEIPT 1204400022

Date: 01/25/2012 Time: 09:15

Case: 0000000000 Cashier: CSN

Payor: OKLAND OIL COMPANY