

## APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000  
REV. 2009

FILE ORIGINAL ONLY

PLEASE TYPE OR USE BLACK INK

1. OTC/OCC OPERATOR NUMBER <b>23029</b>
2. API NUMBER <b>139-23921</b>

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 &gt;&gt;&gt;&gt;&gt;&gt;&gt; (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	15	TOWNSHIP	2N	RANGE	14ECM	COUNTY	Texas
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SPOT LOCATION:				FEET FROM QUARTER				from SOUTH LINE		from WEST LINE	
1/4	C	1/4	SW	1/4	NW	1/4	SECTION LINES:	660	660		

7. Well will be **660** feet from nearest unit or property boundary.8. LEASE NAME: **Bathurst** WELL NUMBER: **15 #5**

9. NAME OF OPERATOR		EMAIL ADDRESS:	
<b>Caerus Kansas LLC</b>		<b>contract1@caerusoilandgas.com</b>	
ADDRESS		PHONE (AC/NUMBER)	
<b>600 17th Street, Suite 1600N</b>		<b>303-565-4600</b>	
CITY	STATE	ZIP CODE	
<b>Denver</b>	<b>CO</b>	<b>80202</b>	

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

**Harry Elmore, et al**

ADDRESS			
<b>1476 North 13th</b>			
CITY	STATE	ZIP CODE	
<b>Blackwell</b>	<b>OK</b>	<b>74631</b>	

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

1)	<b>Lansing 4450</b>	6)	
2)	<b>Cherokee 5420</b>	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?
<b>5322</b>	<b>3539</b>	<b>550</b>	<b>1684</b>	<b>Y N</b>

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: \_\_\_\_\_ 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. \_\_\_\_\_

26.1	A. CATEGORY	1A	1B	2	3	4	C
OCC USE ONLY	B. PIT LOCATION:	<input type="checkbox"/> Alluvial Plain <input type="checkbox"/> Terrace Deposit		<input type="checkbox"/> Bedrock Aquifer		<input type="checkbox"/> Other H.S.A. <input type="checkbox"/> Non-H.S.A. Fm: _____	
	C. Special area or field rule?	<input type="checkbox"/> D. DEEP SCA? <input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> E. CBL required? <input type="checkbox"/> Y <input type="checkbox"/> N			
	F. SOIL COMPACTED LINER REQUIRED?	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G. 20 mil GEOMEMBRANE LINER REQUIRED? <input type="checkbox"/> Y <input type="checkbox"/> N			

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

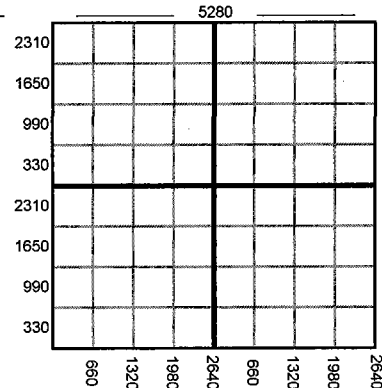
☐ A. Evaporation/dewater and backfilling of reserve pit.  
☐ B. Solidification of pit contents.  
☐ C. Annular Injection (REQUIRES PERMIT and surface casing set 200 feet below base of treatable water-bearing formation.) PERMIT NO. \_\_\_\_\_  
☐ D. One time land application (REQUIRES PERMIT) PERMIT NO. \_\_\_\_\_  
☐ 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	NAME (Print or Type)	PHONE (AC/NO.)	FAX	DATE
<i>Alan L. Merrill</i>	<b>Alan L. Merrill</b>	<b>303-565-4600</b>	<b>303-565-4606</b>	<b>9/7/2012</b>

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.



15  
SEC  
TOWNSHIP  
2N  
RANGE  
14ECM  
#

**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

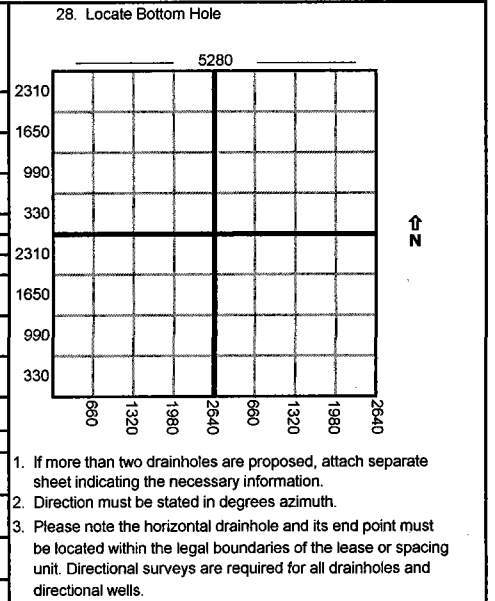
29 Bottom Hole Location SEC \_\_\_\_\_ TWP \_\_\_\_\_ RGE \_\_\_\_\_ COUNTY \_\_\_\_\_  
 for Directional Hole:  
 SPOT LOCATION: 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ FEET FROM QUARTER from SOUTH LINE from WEST LINE  
 SECTION LINES:  
 Measured Total True Vertical BHL from nearest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



**31. AFFIDAVIT FOR ALTERNATIVE CASING PROGRAM**

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

- This well ☐ WILL ☐ WILL NOT penetrate any known lost circulation zones.
- During the drilling of this well, withdrawals from any water well within 1/4 mile ☐ WILL ☐ WILL NOT exceed 50 gallons per minute.
- 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.
- 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

- 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**
- 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**

APPROVED \_\_\_\_\_

REJECTED \_\_\_\_\_

**1. SURETY**

- NONE filed.
- EXPIRED: Date 5-31-13
- OUTSTANDING CONTEMPT ORDER.

**4. GEOLOGY**

DO NOT WRITE INSIDE THIS BOX

46 Intert to Drill  
 Check: 027190  
 Payor: CAERUS KANSAS LTD  
 Case: 000000000  
 Cashier: JFF  
 Date: 09/13/2012  
 Time: 12:49

RECEIPT 1301860084

OKLA CORP COMM