

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000  
REV. 2007

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  
**22742**

2. API NUMBER

3. NOTICE OF INTENT TO: (CHECK ONLY ONE)  
 DRILL  RECOMPLETE  REENTER  DEEPEEN  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

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

5. WELL LOCATION:

SECTION	31	TOWNSHIP	2N	RANGE	3W	COUNTY	Garvin
SPOT LOCATION:		1/4 SW		1/4 NW		1/4 SW	
FEET FROM QUARTER		from SOUTH LINE		from WEST LINE		SECTION LINES:	
		1619		316.5			

7. Well will be **300** feet from nearest unit or property boundary.

8. LEASE NAME: **Riddle** WELL NUMBER: **1-31 SWD**

9. NAME OF OPERATOR: **Maverick Brothers Operating Inc.** EMAIL ADDRESS: **BretBrickman@maverickbr.com**

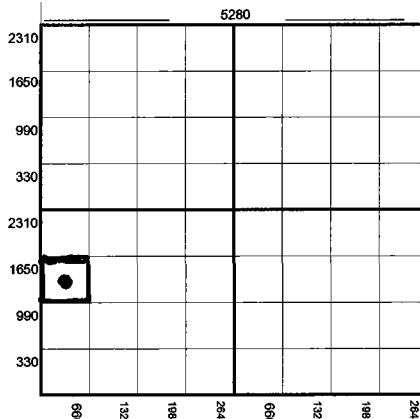
ADDRESS **P.O. Box 392** PHONE (AC/NUMBER) **580.233.4701**

CITY **Enid** STATE **OK** ZIP CODE **73702-0392**

10. SURFACE OWNER (ONE ONLY, ATTACH SHEET FOR ADDITIONAL OWNERS)  
**Terry J. & Sharon Riddle**

ADDRESS **18058 E. County Rd 1650**

CITY **Foster** STATE **OK** ZIP CODE **73434**



↑ N

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 **4/1/2013**

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

1)	Pontotoc	2360	6)
2)			7)
3)			8)
4)			9)
5)			10)

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

16. PENDING APPLICATION C.D. NO. **NA**

17. LOCATION EXCEPTION ORDER NO. **NA**

18. INCREASED DENSITY ORDER NO. **NA**

19. TOTAL DEPTH **5800** 20. GROUND ELEV. **1127** 21. BASE OF TREATABLE WATER **1070** 22. SURFACE CASING **1270' 9 5/8** 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 \_\_\_\_\_ 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: **8000** 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 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. 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. 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: **Giles** Order No. **393756 24-08-08**

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 *Bret Brickman* NAME (Print or Type) **Bret Brickman** PHONE (AC/NO.) **580.233.4701** FAX **580.233.4705** DATE **2/25/2013**

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.

31  
SEC  
2N  
TOWNSHIP  
Riddle  
RANGE  
1-31  
#  
3W

**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? \_\_\_\_\_ 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: \_\_\_\_\_

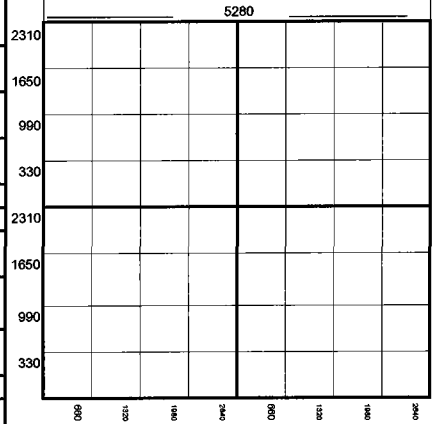
**LATERAL #3:** SEC \_\_\_\_\_ TWP \_\_\_\_\_ RGE \_\_\_\_\_ COUNTY \_\_\_\_\_

**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
None			

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	OCC USE ONLY	OCC USE ONLY	OCC USE ONLY
APPROVED	REJECTED		
<i>Jh</i>	_____		
		1. SURETY	
		A. NONE filed.	
		B. EXPIRED: Date <u>10-25-13</u>	
		C. OUTSTANDING CONTEMPT ORDER.	
		4. GEOLOGY	

**DO NOT WRITE INSIDE THIS BOX**

RECEIPT 1305040009  
 Date: 03/07/2013 Time: 09:34  
 Case: 000000000 Cashier: CSN  
 Payer: MAVERICK BROTHERS  
 Check: 010785 \$175.00  
 46 Intent to Dr-111

OHA-CORP-COM