APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000

FILE ORIGINAL ONLY			_												RE	V. 200
1. OTC/OCC OPERATOR 22299			C	OIL & GAS	CORPORATIO CONSERVAT IN THORPE BU	ION DIVISIO			BAT	CH NU	MBER	(OCC V	RO	ľ	Gl	Н
2. API NUMBER					P.O. BOX 520 OMA CITY, OK (RULE 165:10	73152-200	0									
3. NOTICE OF INTENT TO		(CHECK ONL	Y ONE)					·	۸'nT	- 01	Ne	XT	P	\ \ 94	_	
X DRILLRECOM	MPLETE ATTACH COPY C	_REENTER OF 1002-A IF REC	DEE! OMPLETIO		_AMEND - REA RY.	SON						ELL AND		ı	_	
 TYPE OF DRILLING OF STRAIGHT HOLI 		>>>> (NO			zontal, see rever	rse side for b	ottom hole	location)	L	EASE	OR SPA	ACING L	INIT IN	NK.		
B. X OIL/GAS IN		DISPOSAL	_		STRAT TI	STSE	RVICE WI	ELL			52	80				
5. WELL LOCATION: SECTION 6 TOWNS		Inavior	·	OO! INTO				2310	_							
SPOT LOCATION:	18N	RANGE	40	COUNTY		ayne	·	1650		_						
SW 1/4 SW 1/4		SW 1/4	SECTION		205' FSL		'FWL	990		_						
7. Well will be 8. LEASE NAME:	205	feet from neare		roperty bound	Jary. WELL NUMBER			330		_					Û N	
9. NAME OF		DEBRAND	<u> </u>		EMAIL ADDRES	#1-	1MH	2310		_					•••	
OPERATOR	Calyx Energ	· · · · · · · · · · · · · · · · · · ·			oel@uls-mail	.com		1650		_						
CITY	0820 E 45	th St, Ste 2	08 STATE		ZIP CODE	18-949-		990			-	<u> </u>				
10. SURFACE OWNER (ONE	Tulsa	00.400000000000000000000000000000000000		OK	ZIF CODE	741	46	330	7					Щ	,	
		OR ADDITIONAL OWNERS		Marl	lene C. Hild	debrand			8	1320	1980				5	
ADDRESS		1	200 W	hitehurst	t			11. Is we	II locate	-	as unde		junsaicti	on?		["
CITY	Choctaw	•	STATE	ок	ZIP CODE	730	20	12. Will a				Y	X	N		М́ -
14. LIST TARGET FORMAT	IONS AND DEPTH	IS OF EACH BEL	OW (LIMITE	ED TO TEN)	, , ,			13. Date					2/20	13		·
1) M	ississippiar	n (4064')			6)										MELL Hide	MO T
2)					7)										NAME	TOWNSHIP
3)				, ,	8)											!
4)			<u> </u>		9)		<u> </u>				,				# 1-1 <u>N</u>	RANGE
5) 15. SPACING ORDER NUM	IRED(S) AND SIZE	= LINIT(Q):			10)			,							탈	É
16. PENDING APPLICATIO			EVAFATIO		140 (1107)		61142			 ,						'
		17. LOCATION	61229	8	·	EASED DENS										
19. TOTAL DEPTH 20. GR	906	310		<u> </u>	360	Y	X N	USED?]							
24. ALTERNATIVE CASINGA. Cement will be						side, line 31.)									
B. Cement will be 25.1. PIT INFORMATION: U		e pit or mud syste	_depth to m?	YX	depth by use of N If yes, fill o	-	-									
A. TYPE OF MUD		_WATER BASED		OIL BASED 15000	GAS BAS	ED (AIR DRILI average:		ppm.	L							
PIT #1 C. TYPE OF PIT		on-site	off-si	te X	closed	If off-site, spe	cify location									
E. WITHIN 1 MILI	E OF MUNICIPAL ROTECTION ARE	WATER WELL?		Y <u>X</u> N	DASE OF FITT	<u>_x</u> _v	—_N	Off-S	ite Pit N	o. <u> </u>						
26.1 A. CA1	EGORY 1A	1B 2 3	4 C	-							F					
C. Spe	LOCATION: icial area or field ru			ce Deposit	Bedrock A D. DEEP	SCA?	Other H. Y	_n —	_ F	E. CBL	Fm: required	?	Υ	N		
27. PROPOSED METHOD	L COMPACTED LI FOR DISPOSAL C			Y N BE COMPLE		GEOMEMBR/	ANE LINEF	REQUIRE	D?	_Y	N					
A. Evaporation/de	ewater and backfill f pit contents.	ing of reserve pit.	·													
C. Annular Injecti X D. One time land	on (REQUIRES P				w base of treatabl RMIT NO.	e water-bearin	ng formation	1.)	F	PERMIT	NO				•	
E. Haul to Comm	ercial pit facility; S _l	pecify site:	•	, , , , ,		10 2000.		Orde	-							
G. Haul to recycli	ercial soil farming t ng/re-use facility; \$		·		Olsas	1 Dit Create		Orde Orde	_							
X H. Other, Specify			4			d Pit Syster									1	
	eby certify I a facts and proj			•	•		-		-	-						
SIGNATURE	.aoto ana proj	Jours made I	NAME (Print	t or Type)		,510 10 1116	PHONE (AC/NO.)	F	AX			ATE C/4/0	242		
NOTIFE: Approval is yold if	operations have r	not commenced wi	thin six mor	Joel of the date	M. Johnson e of approval. An	approved per		-671-09 posted at			748-04 ing drillin		6/4/20 ompletio		tions.	

NOTIFY DISTRICT OFFICE 24 HOURS PRIOR TO CEMENTING SURFACE CASING.

A. TYPE OF MUD SYSTEM:	WATER BASED	OIL BASED GAS BASE	ED (AIR DRILL)	
B. EXPECTED MUD CHLORID			average:	_ppm.
PIT #2 C. TYPE OF PIT SYSTEM:	on-site		If off-site, specify location:	
E. WITHIN 1 MILE OF MUNICI		THAN 10 FT BELOW BASE OF PIT? Y N	N	Off-Site Pit No.
F. WELLHEAD PROTECTION		N		
26.2 OCC USE ONLY A. CATEGORY B. PIT LOCATION: Alluvial Pla			Other H.S.A. Non-H.S.A.	28. Locate Bottom Hole
C. Special area or field rule?			E. CBL? Y N	5280
F. SOIL COMPACTED LINER REQU 29 Bottom Hole Location SEC		N G. 20 mil GEOMEMBRANE LINEF	R REQUIRI Y N	250
29 Bottom Hole Location SEC for Directional Hole:	TWP RG	COUNTY		1680
SPOT LOCATION: 1/4 1/4		ET FROM QUARTER from SOUTH LII CTION LINES:	INE from WEST LINE	1000
Measured Total	True Vertical		ease, Unit, Or Property Line:	- 960
Depth 30. Bottom Hole Location for Horizontal H	Depth	<u> </u>		- 350
				2310
LATERAL #1: SEC 1 TWP SPOT LOCATION:		COUNTY Pa	ayne	
NE 1/4 NE 1/4 NE	1/4 NE 1/4 SE	CTION LINES: 165' FNL	330' FEL	1650
Depth of Deviation Radius of 3376	1384	Direction 360 deg	Total Length 4158	940
Measured Total 8018	True Vertical	4064 End Point location fro	om nearest lease, unit	380
Depth 0310	Depth	or property line:	165	╣ ╶┆ ╏┈┋┈┟┈┸┈┦┈┋┈┵┈┼┈┦ ╴(
LATERAL ED. OF C. TAKE		00111171		
LATERAL #2: SEC TWP SPOT LOCATION:		COUNTY ET FROM QUARTER from SOUTH LI	INE from WEST LINE	
1/4 1/4 Depth of Deviation Radius of	1/4 1/4 SE	CTION LINES: [Direction	Total Length	sheet indicating the necessary information. 2. Direction must be stated in degrees azimuth.
Deput of Deviation Radius of	rum	Direction	Total Length	Please note the horizontal drainhole and its end point must
Measured Total	True Vertical	•	om nearest lease, unit	be located within the legal boundaries of the lease or spacing
Depth	Depth	or property line:		unit. Directional surveys are required for all drainholes and directional wells.
LATERAL #3: SEC TWP	P RGE	COUNTY		-
SPOT LOCATION:	FE	ET FROM QUARTER from SOUTH LI	INE from WEST LINE	-
1/4 1/4 Depth of Deviation Radius of		CTION LINES: IDirection	Total Length	1
				<u>]</u>
Measured Total Depth	True Vertical	l l	om nearest lease, unit	
31. AFFIDAVIT FOR ALTERNATIVE CAS	Depth SING PROGRAM	or property line: (Signature on front of this form	attests to this affidavit)	
1. This well WILL		known lost circulation zones.		그 요
 During the drilling of this well, with The projected depth of the well 	ndrawals from any water wel	Il within 1/4 mile WILL less than 100 feet from the top of any	WILL NOT exceed 50	
4. List the following for all water wells	s within 1/4 mile of this well.	(Information concerning some water w	wells may be obtained from th	DIE OKLAHOMA WATER RESOURCES BOARD,
	•	WATER WELLS FOUND, SO STATE.		EET IF NECESSARY) & OO O
Name of Owner/Operator	Address	s of Owner/Operator	Location (N	learest 1/4 1/4 1/4 1/4)) Depth of Well 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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				RECE /2013 ayor:
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	- 			
				77 1 1 1 1 CC3: 31 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				KLA CONTINE Time Cashi Walk T
A cement bond log is required to If casing depth is more than 250 f	be run and submitted from	not less than 100 feet below the base of	of the treatable water-bearing	Time: 130699 Time: 100699 Tomation to the surface. OCC USE ONLY
A cement bond log is required to if casing depth is more than 250 f	be run and submitted from feet deeper than base of the	not less than 100 feet below the base of a treatable water-bearing formation, open	erator must submit a letter of	Time: 130699 Time: 100699 Tomation to the surface. OCC USE ONLY
6. If casing depth is more than 250 f	feet deeper than base of the	not less than 100 feet below the base of treatable water-bearing formation, open SE ONLY	of the treatable water-bearing erator must submit a letter of OCC USE ONLY	Time:
6. If casing depth is more than 250 f INTENT TO DRILL CHECKLIST APPROVED REJECTED	feet deeper than base of the OCC US	e treatable water-bearing formation, ope	erator must submit a letter of	Time: 130699 Time: 100699 Tomation to the surface. OCC USE ONLY
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6. If casing depth is more than 250 f INTENT TO DRILL CHECKLIST APPROVED REJECTED	OCC US BURETY A. NONE filed. B. EXPIRED: Date	e treatable water-bearing formation, ope SE ONLY 3-20-14	erator must submit a letter of	Time: 09:51 If ormation to the surface. OCC USE ONLY request listing reasons and precautions to be talken.
6. If casing depth is more than 250 f INTENT TO DRILL CHECKLIST APPROVED REJECTED 1. S	OCC US SURETY A. NONE filed. B. EXPIRED: Date C. OUTSTANDING CON	e treatable water-bearing formation, ope SE ONLY 3-20-14	erator must submit a letter of	Time: 09:51 If ormation to the surface. OCC USE ONLY request listing reasons and precautions to be talken.
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