

## APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000  
REV. 2009

## 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

22981

2. API NUMBER

125-23782

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 HOLEB. ☒ OIL/GAS ☐ INJECTION ☐ DISPOSAL ☐ WATER SUPPLY ☐ STRAT TEST ☐ SERVICE WELL6. LOCATE WELL AND OUTLINE  
LEASE OR SPACING UNIT IN INK.

5. WELL LOCATION:

SECTION 29 TOWNSHIP 12N RANGE 4E COUNTY B. HAWKINS

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

7. Well will be 660' feet from nearest unit or property boundary.

8. LEASE NAME: Bowen # 1-29 WELL NUMBER:

9. NAME OF OPERATOR Basis Resources Company EMAIL ADDRESS: PHILIP@BASIS.COM

ADDRESS 6422-A Santa Fe Ave PHONE (AC/NO.): 405-236-0615

CITY OK STATE OK ZIP CODE 73116

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

Marta Rita Bowen

ADDRESS 42437 Turkey Hill Rd.

CITY Asher STATE OK ZIP CODE 74826

11. Is well located on lands under federal jurisdiction? \_\_\_ Y ☒ N12. Will a water well be drilled? \_\_\_ Y ☒ NWill surface water be used? \_\_\_ Y ☒ N

13. Date Operation to Begin ASAP

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

1) \* Bois D'Arc 3,800' ~ Recomplete

2) Chummy Hill 4,080' 7)

3) Viola Lime 4,200' 8)

4) Earlsboro 3,620' 9)

5) 10)

15. SPACING ORDER NUMBER(S) AND SIZE UNIT: 81411 &amp; 191912 40 acre unit

16. PENDING APPLICATION C.D. NO.

17. LOCATION EXCEPTION ORDER NO.

18. INCREASED DENSITY ORDER NO.

19. TOTAL DEPTH 4,380'

20. GROUND ELEV. 1012'

21. BASE OF TREATABLE WATER 275'

22. SURFACE CASING 384'

23. ALT CASING PROG USED? \_\_\_ Y ☒ 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: 6000 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 ☐ NE. WITHIN 1 MILE OF MUNICIPAL WATER WELL? ☐ Y ☒ NF. 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 ☐ NF. 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.)

\_\_\_ D. One time land application (REQUIRES PERMIT) PERMIT NO. \_\_\_\_\_

☒ E. Haul to Commercial pit facility; Specify site: O' Daniel

\_\_\_ F. Haul to Commercial soil farming facility; Specify site: \_\_\_\_\_

\_\_\_ G. Haul to recycling/re-use facility; Specify site: \_\_\_\_\_

\_\_\_ H. Other, Specify: \_\_\_\_\_

PERMIT NO. 274874

Order No. \_\_\_\_\_

Order No. \_\_\_\_\_

Order No. \_\_\_\_\_

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.

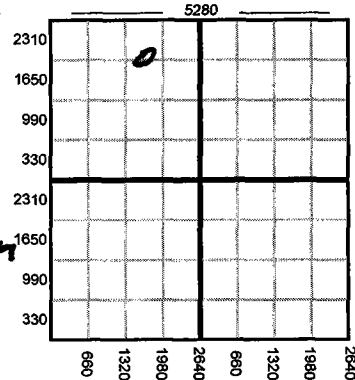
SIGNATURE: [Signature] NAME (Print or Type): Marta Hines

PHONE (AC/NO.): 405-236-0615 FAX: 236-0615

DATE: 6-6-13

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.



42

SEC

Bowen

#1-29

TOWNSHIP

12N

RANGE

4E

WELL NAME

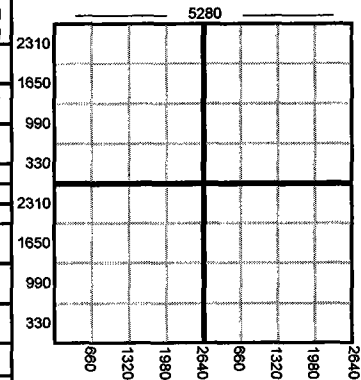
**NOTIFY DISTRICT OFFICE 24 HOURS PRIOR TO CEMENTING SURFACE CASING.**

**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:		<u>      </u> Alluvial Plain <u>      </u> Terrace Deposit <u>      </u> Bedrock Aquifer <u>      </u> Other H.S.A. <u>      </u> Non-H.S.A.										
C. Special area or field rule?		<u>      </u>		D. DEEP SCA?		<u>      </u> Y <u>      </u> N		E. CBL?		<u>      </u> Y <u>      </u> N		
F. SOIL COMPACTED LINER REQUIRED?		<u>      </u> Y <u>      </u> N		G. 20 mil GEOMEMBRANE LINER REQUIRE		<u>      </u> Y <u>      </u> N						
29	Bottom Hole Location	SEC	TWP	RGE	COUNTY							
SPOT LOCATION:												
1/4		1/4		1/4		1/4		FEET FROM QUARTER		from SOUTH LINE from WEST LINE		
Measured Total		1/4		1/4		1/4		SECTION LINES:				
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		
Depth of Deviation		Radius of Turn		Direction		Total Length						
Measured Total		True Vertical		Depth		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		
Depth of Deviation		Radius of Turn		Direction		Total Length						
Measured Total		True Vertical		Depth		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		
Depth of Deviation		Radius of Turn		Direction		Total Length						
Measured Total		True Vertical		Depth		End Point location from nearest lease, unit						
Depth		Depth		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 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. OCC USE ONLY
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

APPROVED

REJECTED

**1. SURETY**

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

**4. GEOLOGY**

DO NOT WRITE INSIDE THIS BOX

DATE: 06/10/2013 TIME: 10:03  
 CASE: 0000000000 CASHIER: CBN  
 PAYOR: BASIS RESOURCES  
 CHECK: 4746 \$175.00  
 46 Intent to Drill  
 OKLA CORP COMM  
 RECEIPT 1307110008