

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
23086

2. API NUMBER
35-153-22563

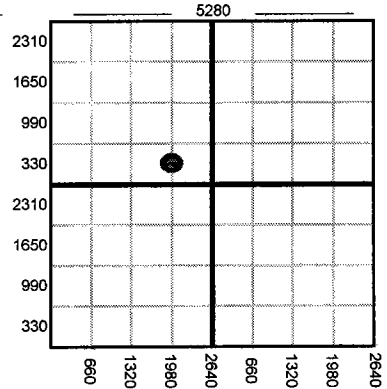
3. NOTICE OF INTENT TO: (CHECK ONLY ONE)
 DRILL RECOMPLETE REENTER DEEPEN AMEND - REASON
NOTE: ATTACH COPY OF 1002-A IF RECOMPLETION OR REENTRY.

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 STRAT TEST SERVICE WELL

5. WELL LOCATION:

SECTION	28	TOWNSHIP	21N	RANGE	21W	COUNTY	Woodward
SPOT LOCATION:		C 1/4 S1/2		SE 1/4 NW 1/4		FEET FROM QUARTER from SOUTH LINE from WEST LINE SECTION LINES: 276 FSL 1,987 FWL	
7. Well will be 1,980 feet from nearest unit or property boundary.							
8. LEASE NAME: TWF Lyle (fka Lyle 28-A)				WELL NUMBER: 28-A			
9. NAME OF OPERATOR: Rock Creek Resources, LLC		EMAIL ADDRESS: bwisner@rockcreekresourcesllc.com					
ADDRESS: 700 - 17th Street, Suite 1300		PHONE (AC/NUMBER): 303-382-2170					
CITY: Denver		STATE: CO		ZIP CODE: 80202			
10. SURFACE OWNER (ONE ONLY, ATTACH SHEET FOR ADDITIONAL OWNERS) William D. Covalt Jr.							
ADDRESS: 30 Country Oaks							
CITY: Woodward		STATE: OK		ZIP CODE: 73801			



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? Y N

13. Date Operation to Begin **ASAP**

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

1)	Virgilian (406VRGN) @ 3,725' - 4,092'	6)
2)		7)
3)		8)
4)		9)
5)		10)

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S): **Not Applicable**

16. PENDING APPLICATION C.D. NO. N/A	17. LOCATION EXCEPTION ORDER NO. N/A	18. INCREASED DENSITY ORDER NO. N/A
19. TOTAL DEPTH 7,654	20. GROUND ELEV. 2,266'	21. BASE OF TREATABLE WATER 560'
22. SURFACE CASING 867'	23. ALT CASING PROG USED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> X <input type="checkbox"/> 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: _____ 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 Off-Site Pit No. _____
F. WELLHEAD PROTECTION AREA? Y N

26.1. OCC USE ONLY

A. CATEGORY	1A	1B	2	3	4	C
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. Frm: _____	
C. Special area or field rule?	_____		D. DEEP SCA? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		E. CBL required? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
F. SOIL COMPACTED LINER REQUIRED?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		G. 20 mil GEOMEMBRANE LINER REQUIRED? <input type="checkbox"/> Y <input checked="" 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: **No Drilling Fluids**

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) Brett Wisner, Sr. Landman	PHONE (AC/NO.) 303-382-2170	FAX 303-299-9087	DATE 7/29/2013
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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 operations.

SEC
TOWNSHIP
RANGE
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: 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 REQUIR Y N

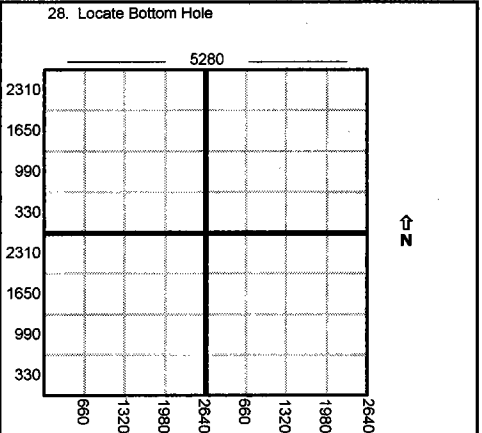
29 Bottom Hole Location SEC _____ TWP _____ RGE _____ COUNTY _____
 for Directional Hole:
 SPOT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM QUARTER from SOUTH LINE from WEST LINE
 SECTION LINES:
 Measured Total True Vertical BHL from nearest Lease, Unit, Or Property Line:
 Depth Depth

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:



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 9-26-13
 C. OUTSTANDING CONTEMPT ORDER.

4. GEOLOGY

DO NOT WRITE INSIDE THIS BOX

OKLA CORP COMM
RECEIPT 1460926008
 Date: 07/31/2013 Time: 09:54
 Case: 0000000000 Cashier: RRS
 Payor: ROCK CREEK RESOURCES
 Check: 3267 \$175.00
 46 Intent to Drill