

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000
REV. 2008

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. OTG/OCC OPERATOR NUMBER
18920

2. API NUMBER

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

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

5. WELL LOCATION:

SECTION	12	TOWNSHIP	8N	RANGE	RE	COUNTY	POTTAWATOMIE
SPOT LOCATION:				FEET FROM QUARTER from SOUTH LINE from WEST LINE			
1/4		1/4 SW		1/4 SW		SECTION LINES: 1155 330	

7. Well will be **165 ft** feet from nearest unit or property boundary.

8. LEASE NAME: **Lucy** WELL NUMBER: **1-12**

9. NAME OF OPERATOR: **PAUL GILLHAM OIL CO** EMAIL ADDRESS:

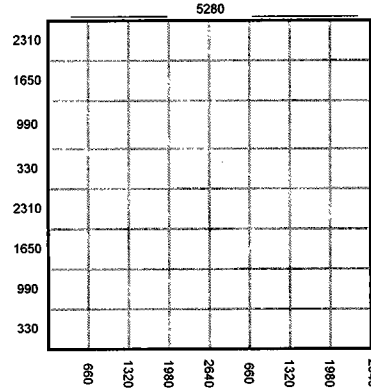
ADDRESS **PO BOX 699** PHONE (AC/NUMBER) **4054068787**

CITY **MAUD** STATE **OK** ZIP CODE **74854**

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

ADDRESS **PO Box 699**

CITY **Maud** STATE **OK** ZIP CODE **74854**



SEC 12
 TOWNSHIP 8N
 RANGE 4E
 WELL NAME Lucy
 # 1-12

14. LIST TARGET FORMATIONS AND DEPTHS OF EACH BELOW (LIMITED TO TEN)
- | | |
|----------------------------|--------------------------|
| 1) UPPER CALVIN 3400 FT | 6) MISNER-HUNTON 4320 FT |
| 2) LOWER CALVIN 3600 FT | 7) VIOLA 4480 FT |
| 3) UPPER EARLSOBO 3735 FT | 8) WILCOX 4560 FT |
| 4) LOWER EARLSBORO 3800 FT | 9) ARBUCKLE 5560 |
| 5) BARTLESVILLE 3900 FT | 10) |

11. Is well located on lands under federal jurisdiction?
Y X N

12. Will a water well be drilled? Y X N
Will surface water be used? X Y N

13. Date Operation to Begin **8/15/2013**

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S): **OCC 147153 40 AC. AND OCC 232125 40 AC UNITS**

16. PENDING APPLICATION C.D. NO. **CD 201304485 0**

17. LOCATION EXCEPTION ORDER NO.

18. INCREASED DENSITY ORDER NO.

19. TOTAL DEPTH **6500 Ft**

20. GROUND ELEV. **1031**

21. BASE OF TREATABLE WATER **220**

22. SURFACE CASING **270**

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 _____ ppm; average: _____ 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? X Y N

E. WITHIN 1 MILE OF MUNICIPAL WATER WELL? Y X N

F. WELLHEAD PROTECTION AREA? Y X 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: **ODANILE, MAUD OKLAHOMA** 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 *Steven Gillham* NAME (Print or Type) **Steven Gillham** PHONE (AC/NO.) **405 4068787** DATE **7-31-2013**

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.

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.
- 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

28. 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: _____

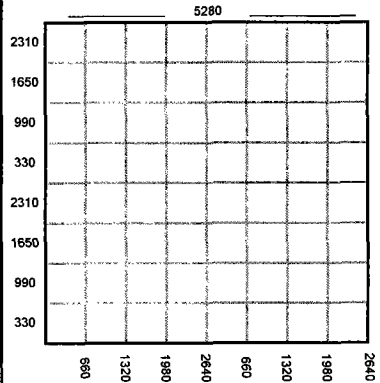
LATERAL #3: SEC _____ TWP _____ RGE _____ COUNTY _____

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

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 _____

1. SURETY

- A. NONE filed. **3-13-14**
- B. EXPIRED: Date _____
- C. OUTSTANDING CONTEMPT ORDER.

4. GEOLOGY

DO NOT WRITE INSIDE THIS BOX

RECEIPT 1400930049
 Date: 07/31/2013
 Case: 0000000000
 Check: 12224
 Payor: PAUL GILHAM
 \$175.00
 46 Intent to Dr-111
 DKL A CORP COM
 Time: 14:03
 Cashier: EBR