

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000  
REV. 2003

FILE ORIGINAL ONLY

PLEASE TYPE OR USE BLACK INK

1. OTC/OCC OPERATOR NUMBER  
**21960**

2. API NUMBER  
**125-23756 A**

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)

**WALK THROUGH**

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

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

5. WELL LOCATION:

SECTION <b>14</b>	TOWNSHIP <b>11N</b>	RANGE <b>3E</b>	COUNTY <b>POTTOWATOMIE</b>
SPOT LOCATION: <b>C 1/4 SE 1/4 SE 1/4 SE 1/4</b>			FEET FROM QUARTER from SOUTH LINE from WEST LINE SECTION LINES: <b>330 FSL 330 FEL</b>

7. Well will be **330'** feet from nearest unit or property boundary.

8. LEASE NAME: **BLUE** WELL NUMBER: **14-1**

9. NAME OF OPERATOR:  
**CBL RESOURCES LLC**

ADDRESS **7149 S. YALE** PHONE (AC/NUMBER) **918-691-2596**

CITY **TULSA** STATE **OK** ZIP CODE **74136**

10. SURFACE OWNER (ONE ONLY, ATTACH SHEET FOR ADDITIONAL OWNERS)  
**COMMISSIONER OF LAND OFFICE**

ADDRESS **120 N. ROBINSON SUITE 1000 W** PHONE (AC/NUMBER) \_\_\_\_\_

CITY **OKLAHOMA CITY** STATE **OK** ZIP CODE **73102**

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

1) <b>LAYTON</b>	<b>3380'</b>	<b>6)</b>
2)		<b>7)</b>
3)		<b>8)</b>
4)		<b>9)</b>
5)		<b>10)</b>

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S):  
**236700 40 ACRES**

16. PENDING APPLICATION C.D. NO. \_\_\_\_\_ 17. LOCATION EXCEPTION ORDER NO. \_\_\_\_\_ 18. INCREASED DENSITY ORDER NO. \_\_\_\_\_

19. TOTAL DEPTH **5620'** 20. GROUND ELEV. \_\_\_\_\_ 21. BASE OF TREATABLE WATER **48C** 22. SURFACE CASING **570' IN PLACE** 23. ALT CASING PROG USED? **Y X N**

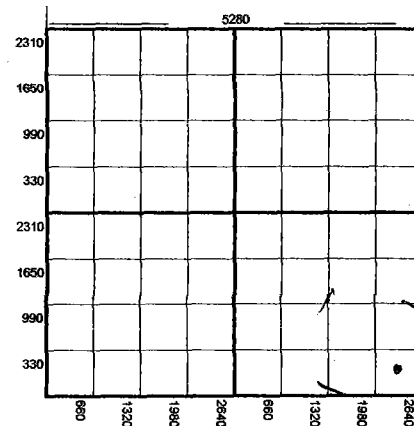
24. ALTERNATIVE CASING PROCEDURE, check box and fill in blank (AFFIDAVIT REQUIRED, see reverse side, line 31.)  
 A. Cement will be circulated from total depth to ground surface on the production casing string.  
 B. Cement will be circulated from \_\_\_\_\_ depth to \_\_\_\_\_ depth by use of a two stage cementing tool.

25.1. PIT INFORMATION: Using more than one pit or mud system? **Y X 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: **1000** ppm; average: **300** 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  N  
 F. WELLHEAD PROTECTION AREA?  Y  N

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 Yield >50 \_\_\_\_\_ E. CBL required?  Y  N  
 F. SOIL or GEOMEMBRANE LINER REQUIRED?  Y  N 20 ml 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: \_\_\_\_\_  
 F. Haul to Commercial soil farming facility; Specify site: \_\_\_\_\_  
 G. Haul to recycling/re-use facility; Specify site: \_\_\_\_\_  
 H. Other, Specify: \_\_\_\_\_



↑ N

SEC 14

TOWNSHIP 11N

RANGE 3E

WELL NAME BLUE

# 14-1

28.1 A. CATEGORY 1A 1B 2 3 4 C

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 *Saleem Nizami* NAME (Print or Type) **SALEEM NIZAMI** PHONE (AC/NUMBER) **405.513.6055** DATE **2/22/14**

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.  
**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.  
 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  
 F. WELLHEAD PROTECTION AREA?          Y          N

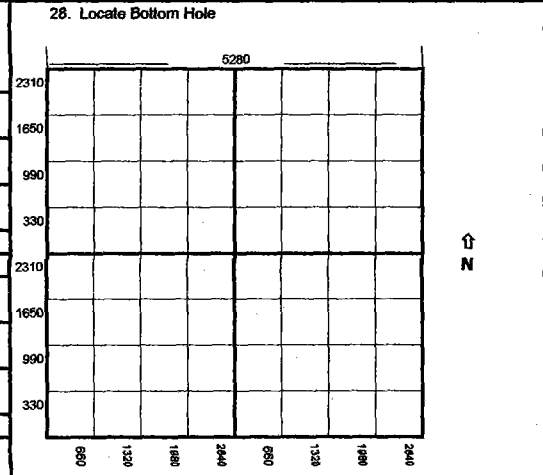
Off-Site Pit No.         

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 Yield >50  
 E. SOIL or GEOMEMBRANE LINER REQUIRED?          Y          N 20 mil GEOMEMBRANE LINER REQUIRED?          Y          N

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

30. Bottom Hole Location for Horizontal Hole: (DRAINHOLES)  
 DRAIN HOLE #1: SEC TWP RGE COUNTY  
 SPOT LOCATION: FEET FROM QUARTER from SOUTH LINE from WEST LINE  
 1/4 1/4 1/4 1/4 SECTION LINES:  
 Depth of Deviation Radius of Turn Direction Total Length  
 Measured Total Depth True Vertical Depth End Point location from lease, unit or property line:

DRAIN HOLE #2: SEC TWP RGE COUNTY  
 SPOT LOCATION: FEET FROM QUARTER from SOUTH LINE from WEST LINE  
 1/4 1/4 1/4 1/4 SECTION LINES:  
 Depth of Deviation Radius of Turn Direction Total Length  
 Measured Total Depth True Vertical Depth End Point location from lease, unit 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, 2800 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)	Deepest producing Interval

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

APPROVED	REJECTED
<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>

OCC USE ONLY

1. SURETY
  - A. NONE filed.
  - B. EXPIRED: Date
  - C. OUTSTANDING CONTEMPT ORDER.
2. INTENTS
 

\_\_\_\_\_

\_\_\_\_\_
3. SPACING
4. GEOLOGY
  - A. SURFACE CASING
    1. Insufficient amount, Requires          feet.
    2. Insufficient Alternate Casing Program.
    3. No Affidavit Submitted for Alternative Casing Program.
    4. Reentry requires          feet, only          current.
  - B. UNSPACED: Less than 2500 ft (165')/More than 2500 ft (330')  
 Only          ft from N/S and          from E/W line.
  - C. SPACED SPACING ORDER No.         
    1. Square pattern: 2.5, 10, 40, 160, 640
    2. Rectangular pattern: 5, 20, 80, 320  
 NW/SE OR NE/SW
    3. Rectangular slot pattern: 5, 20, 80, 320  
 Prior to 1971 (Y, N) SULD
  - D. LOCATION EXCEPTION:
    1. Surface hole location different
    2. Bottom hole location different
  - E. PENDING APPLICATION: Spacing/Location Exception  
 C.D. No.:           
 H.O.M. DATE:
  - F. OPERATOR NAME DIFFERENT in order No.           
 Name on order:           
 Location Exception/Increased Density/Pooling
  - G. Increased Density/Location Exception EXPIRED  
 Date Order Expired:
  - H. Outline Lease or Property Boundary

**DO NOT WRITE INSIDE THIS BOX**

DATE: 09/22/2014 TIME: 11:11  
 CASE: 000000000 CASHIER: JRT  
 PAYOR: OML RESOURCES LLC \$500.00  
 CHECK: 9161  
 45 EMERG WALK THRU TD  
 RECEIPT 140741024  
 OMLA FORM CONN