

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000
REV. 2008

FILE ORIGINAL ONLY

PLEASE TYPE OR USE BLACK INK

1. OTC/OCC OPERATOR NUMBER
12232

2. API NUMBER

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)

3. NOTICE OF INTENT TO: (CHECK ONLY ONE)
 DRILL RECOMPLETE REENTER DEEPEN AMEND - REASON

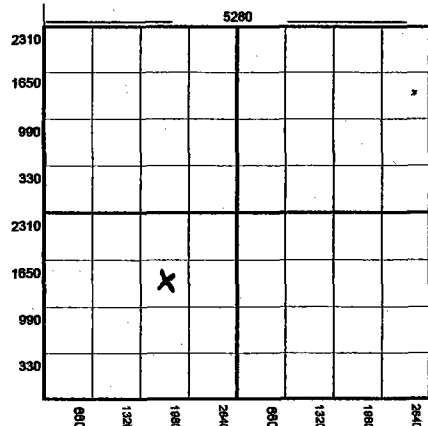
NOTE: ATTACH COPY OF 1002-A IF RECOMPLETION OR REENTRY.

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	23	TOWNSHIP	29N	RANGE	15E	COUNTY	Nowata
SPOT LOCATION:		C 1/4 Sw 1/4 Ne 1/4 Sw 1/4		FEET FROM QUARTER		from SOUTH LINE from WEST LINE	
				SECTION LINES:		1650 1650	



7. Well will be **990** feet from nearest unit or property boundary.

8. LEASE NAME: **Beard** WELL NUMBER: **2B**

9. NAME OF OPERATOR: **CLINDCO, INC.** EMAIL ADDRESS: **27rbeard@cablenet**

ADDRESS: **1920 SE Glynnwood Drive** PHONE (AC/NUMBER): **918-335-0182**

CITY: **Bartlesville** STATE: **Oklahoma** ZIP CODE: **74006-6213**

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

ADDRESS: **Rt. 1**

CITY: **South Coffeyville** STATE: **Okl.** ZIP CODE: **74072**

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? **Y** **X** **N**

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

1) Oswego Ls	500	6)
2) Bartlesville Ss	875	7)
3) Riverton Coal	1057	8)
4)		9)
5)		10)

13. Date Operation to Begin **Soon As Possible**

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S): **None**

16. PENDING APPLICATION C.D. NO. **None**

17. LOCATION EXCEPTION ORDER NO. **NA**

18. INCREASED DENSITY ORDER NO. **NA**

19. TOTAL DEPTH **1100** 20. GROUND ELEV. **741** 21. BASE OF TREATABLE WATER **110** 22. SURFACE CASING **160** 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: **10000** ppm; average: **10000** 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** **X** **N**

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

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

26.1 OCC USE ONLY

A. CATEGORY:	1A	1B	2	3	4	C				
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?	<input type="checkbox"/> Y <input type="checkbox"/> N	E. CBL required?	<input type="checkbox"/> Y <input type="checkbox"/> N
F. SOIL COMPACTED LINER REQUIRED?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						G. 20 ml 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: _____

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: *Robert Beard* NAME (Print or Type) **Robert Beard** PHONE (AC/NO.) **918-335-0182** FAX **918-213-4249** DATE **2/9/2015**

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.

23
SEC
TOWNSHIP
29N
RANGE
15E
WELL NAME
Beard
#

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

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

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 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:

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)

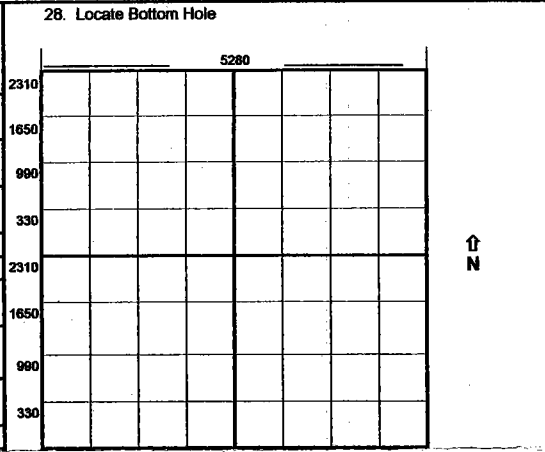
Table with 4 columns: Name of Owner/Operator, Address of Owner/Operator, Location (Nearest 1/4 1/4 1/4), Depth of Well

- 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.
B. EXPIRED: Date 12/12/05
C. OUTSTANDING CONTEMPT ORDER.
4. GEOLOGY

DO NOT WRITE INSIDE THIS BOX



- 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.

OKLA CORP CONM
RECEIPT 1505749925
Date: 02/17/2015 Time: 11:10
Case: 000000000 Cashier: LRI
Check: 1022 Payor: CLINCO INC
\$175.00
46 Intent to Dr-111