

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. OTC/OCC OPERATOR NUMBER
12232

2. API NUMBER

3. NOTICE OF INTENT TO: (CHECK ONLY ONE)
 DRILL RECOMPLETE REENTER DEEPEEN 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 Se 1/4 SECTION LINES: 1650 2310							

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

8. LEASE NAME: **Beard** WELL NUMBER: **1B**

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

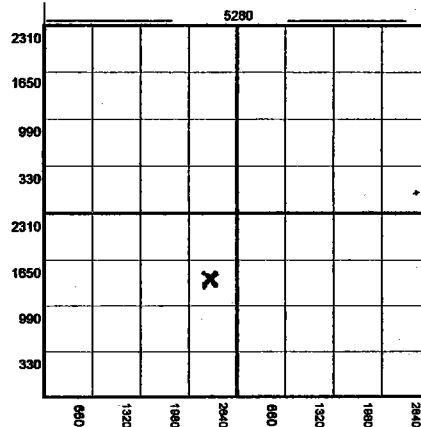
ADDRESS: **1920 SE Glynnwood Drive** PHONE (AC/NUMBER): **918-335-0182**

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: **Oklahoma** ZIP CODE: **74072**



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)

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

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; 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

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. Frm: _____

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: _____ 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.

SEC 23
TOWNSHIP 29N
RANGE 15E
WELL NAME Beard # 1B

