OK CORP. COMMISSION ID:581-2597 MAR 14'01 13:35 No.003 P.02

Tulsa

WALK THROUGH

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000
REV 1994

FILE ORIGINAL ONLY
PLEASE TYPE OR USE BLACK INK

OKLAHOMA CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
JIM THORPE BUILDING
P.O. BOX 52000-2000
OKLAHOMA CITY, OK 73152-2000
(RULE 165:10-3-1)

BATCH NUMBER (OCC USE ONLY): 03141205

1. OTC/OCC OPERATOR NUMBER: 20173
2. API NUMBER: 091 21248

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

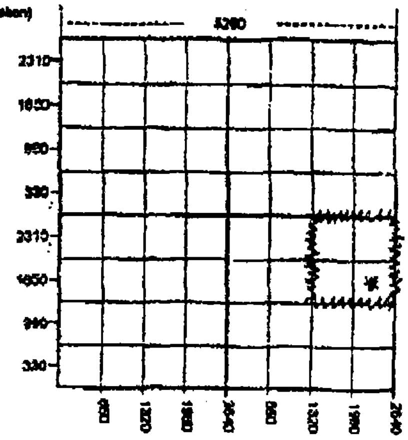
4. TYPE OF DRILLING OPERATION >>>>>>>>> (NOTE: If directional or horizontal, see reverse side for bottom hole location)
✓ STRAIGHT HOLE ___ DIRECTIONAL HOLE ___ HORIZONTAL HOLE
✓ OIL/GAS ___ INJECTION ___ DISPOSAL ___ WATER SUPPLY

5. WELL LOCATION:

SECTION	TOWNSHIP	RANGE	COUNTY
5	11N	14E	McIntosh

SPOT LOCATION	FEET FROM QUARTER SECTION LINES: from SOUTH LINE	from WEST LINE
C SE 1/4 NE 1/4 SE 1/4 1/4	1650	2310

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



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

8. LEASE NAME: Rosebud WELL NUMBER: 1

9. NAME OF OPERATOR: Rose Rock Resources 918/585-9996

ADDRESS: 507 S. Main, Ste 202 PHONE: 918/585-9996

CITY: Tulsa STATE: OK ZIP CODE: 74103

10. SURFACE OWNER (see key, attach sheet for additional owners): Todd Been

ADDRESS: PO Box 842

CITY: Dewar STATE: OK ZIP CODE: 74431

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 OPERATIONS TO BEGIN: ASAP

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

	Formation	Depth	Code		Formation	Depth	Code
1)	Booch	1200'	404BOCH	6)	Hunton	2750'	269HNTN
2)	Dutcher	1800'	403DTCR	7)	Viola	2850'	202VIOL
3)	Wapanucka	2000'	402WPCK	8)	Wilcox	2900'	202WLCX
4)	Cromwell	2200'	402CMWL	9)	Tyner	3000'	202TYNR
5)	Jefferson	2350'	402JFRS	10)	Burgen	3300'	202BRGN

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S): NS DKN

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

19. TOTAL DEPTH	20. GROUND ELEV.	21. DEPTH TO BASE OF TREATABLE WATER	22. SURFACE CASING	23. ALT CASING PROC.
3350	675	125 DKN	175	✓

APPROVED
MAR 14 2001

24. ALTERNATIVE CASING PROCEDURE, check box and fill in blank (AFFIDAVIT REQUIRED, see reverse side, line 21)
___ 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: Use more than one pit or mud system? ___ Y ✓ N If yes, fill out line 25.2 on the reverse side.
A. Type of mud system: ✓ water based ___ oil based ___ gas based (air drilled)
B. Expected mud chlorides content: maximum 3500 ppm; average 2500 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 ___ N
E. Within 1 mile of municipal water well? ___ Y ✓ N
F. Wellhead Protection Area ___ Y ✓ N

OFFSITE PIT #: ______

[illegible] S-22004

26. 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 # ______
___ 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: ______

No Liner Required

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)	PHONE (AREA/NUMBER)	DATE
Barbara Meehan	Barbara Meehan	918/585-9996	3/14/01

Fax # 918/585-9987

NOTICE: Approval is valid 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

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SECTION 5 WELL NAME Rosebud TOWNSHIP 11N NUMBER 1 RANGE 14E

WALK THROUGH

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