APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000
REV. 2014

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)

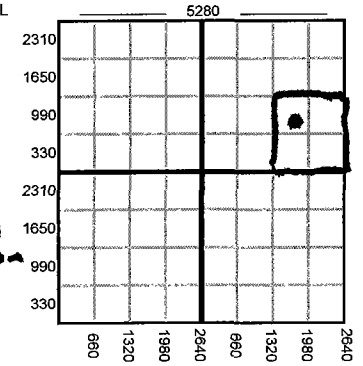
BATCH NUMBER (OCC USE ONLY)

1. OTC/OCC OPERATOR NUMBER: 19889
2. API NUMBER:

3. NOTICE OF INTENT TO: *(CHECK ONLY ONE)*
X 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. X STRAIGHT HOLE ___ DIRECTIONAL HOLE ___ HORIZONTAL HOLE
B. X 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	TOWNSHIP	RANGE	COUNTY
20	8N	5E	POTTAWATOMIE

SPOT LOCATION: SE 1/4 | NW 1/4 | SE 1/4 | NE 1/4 — FEET FROM QUARTER SECTION LINES: from SOUTH LINE 790 from WEST LINE 430

7. Well will be 430' feet from nearest unit or property boundary.

8. LEASE NAME: SIMPSON WELL NUMBER: #6

9. NAME OF OPERATOR: TITAN OIL & GAS CORPORATION EMAIL ADDRESS: robert@titanoilandgas.com
ADDRESS: 3500 S BLVD SUITE 108 PHONE (AC/NUMBER): 405 848 8998
CITY: EDMOND STATE: OK ZIP CODE: 73013

10. SURFACE OWNER (ONE ONLY, ATTACH SHEET FOR ADDITIONAL OWNERS)
RUSSELL LAIRSON
ADDRESS: 625 WESTVIEW ROAD
CITY: DUNCAN STATE: OK ZIP CODE: 73013

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: ASAP

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

1) CALVIN 3060'
2) SENORA 3260'
3) ERCSBORO 3600'
4) MISENER 4050
5) HUNTON 4100
6) VIOLA 4150
7) SIMPSON DOLOMITE 4195
8) FIRST WILCOX ~~4225~~ 4200
9) SECOND WILCOX 4325
10) MARSHALL 4300

SEC 20 TOWNSHIP 8N RANGE 5E
WELL NAME SIMPSON # 6

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S): 191928 40-A 1,2,3,6,8,9,10 4,5,7 UNSPACED 40

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

19. TOTAL DEPTH	20. GROUND ELEV.	21. BASE OF TREATABLE WATER	22. SURFACE CASING	23. ALT CASING PROG USED?
4400	928'			___ 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: X WATER BASED ___ OIL BASED ___ GAS BASED (AIR DRILL)
B. EXPECTED MUD CHLORIDE CONTENT: maximum: 8000 ppm; average: 5000 ppm.
PIT #1 C. TYPE OF PIT SYSTEM: X 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 Off-Site Pit No. _____
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? ___ 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)
X A. Evaporation/dewater and backfilling of reserve pit.
___ B. Public Landfill: Location _____
___ 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	NAME (Print or Type)	PHONE (AC/NO.)	FAX	DATE
Robert O Gray	ROBERT O GRAY	405 848 8998	405 216 2202	2/1/17

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.

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 Off-Site Pit No. _____

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 for Directional Hole: SEC TWP RGE COUNTY

SPOT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM QUARTER SECTION LINES: from SOUTH LINE from WEST LINE

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 SECTION LINES: from SOUTH LINE from WEST LINE

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 SECTION LINES: from SOUTH LINE from WEST LINE

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:

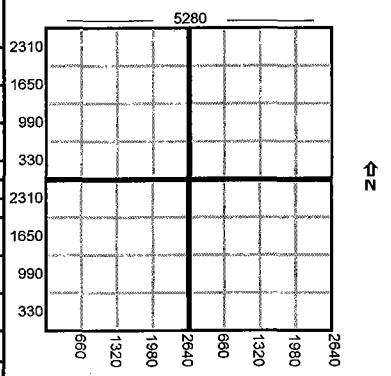
LATERAL #3: SEC TWP RGE COUNTY

SPOT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM QUARTER SECTION LINES: from SOUTH LINE from WEST LINE

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 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. OCC USE ONLY
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

APPROVED REJECTED

SD _____

1. SURETY 3/20/17
   A. NONE filed.
   B. *EXPIRED:* Date _____
   C. OUTSTANDING CONTEMPT ORDER.

_____ _____ 4. GEOLOGY

DO NOT WRITE INSIDE THIS BOX

OKLA CORP COMM
RECEIPT 1706790003
Date: 02/22/2017 Time: 08:20
Case: 000000000 Cashier: RDZ
Payor: TITIAN OIL & GAS CORPORATION
Check: 11106 $175.00
46 Intent to Drill