

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000
REV. 2009

FILE ORIGINAL ONLY

PLEASE TYPE OR USE BLACK INK

1. OTC/OCC OPERATOR NUMBER 20882
2. API NUMBER 107-23591

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

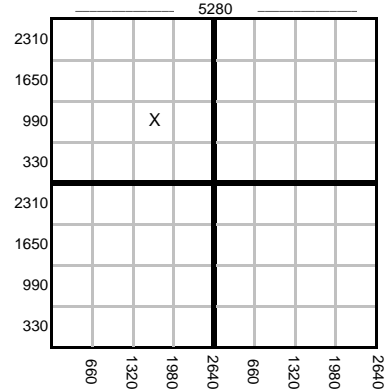
NOTE: ATTACH COPY OF 1002-A IF RECOMPLETION OR REENTRY.

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

5. WELL LOCATION:

SECTION	27	TOWNSHIP	11N	RANGE	11E	COUNTY	OKFUSKEE
SPOT LOCATION:		1/4		1/4		NW 1/4 SE 1/4	
FEET FROM QUARTER		from SOUTH LINE		from WEST LINE		SECTION LINES: 990 1650	
7. Well will be 330 feet from nearest unit or property boundary.							
8. LEASE NAME: CLEARVIEW WELL NUMBER: 27-1							
9. NAME OF OPERATOR LES GIBSON EMAIL ADDRESS: plwgeog1@yahoo.com							
ADDRESS 369142 E. 960 Rd PHONE (AC/NUMBER) 9186292328							
CITY WELTY STATE OK ZIP CODE 74833							
10. SURFACE OWNER (ONE ONLY, ATTACH SHEET FOR ADDITIONAL OWNERS) JUSTIN GREGO							



ADDRESS 11151 NS 3540 RD.		11. Is well located on lands under federal jurisdiction? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
CITY EARLSBORO STATE OK ZIP CODE 74840		12. Will a water well be drilled? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Will surface water be used? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
14. LIST TARGET FORMATIONS AND DEPTHS OF EACH BELOW (LIMITED TO TEN)		13. Date Operation to Begin 8/8/2017

1) BARTLESVILLE 1800	6) CROMWELL 3500
2) BOOCH 2100	7) HUNTON 3620
3) GILCREASE 2550	8) WILCOX 3900
4) WAPANUCKA 2700	9)
5) UNION VALLEY 3000	10)

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S): 652246 160AC.				
16. PENDING APPLICATION C.D. NO. none	17. LOCATION EXCEPTION ORDER NO. none	18. INCREASED DENSITY ORDER NO. none		
19. TOTAL DEPTH 4000	20. GROUND ELEV. 790	21. BASE OF TREATABLE WATER 270	22. SURFACE CASING 320	23. ALT CASING PROG USED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> 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 ☒ 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: **1500** ppm; average: **800** 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 Off-Site Pit No. _____

F. WELLHEAD PROTECTION AREA? ☐ Y ☒ N

26.1	A. CATEGORY 1A 1B 2 3 4 C	B. PIT LOCATION: <input type="checkbox"/> Alluvial Plain <input type="checkbox"/> Terrace Deposit <input type="checkbox"/> Bedrock Aquifer <input type="checkbox"/> Other H.S.A. <input type="checkbox"/> Non-H.S.A. Fm: _____
OCC USE ONLY	C. Special area or field rule? _____	D. DEEP SCA? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N E. CBL required? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
	F. SOIL COMPACTED LINER REQUIRED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	G. 20 mil 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	NAME (Print or Type)	PHONE (AC/NO.)	FAX	DATE
	Les Gibson	918-629-2328	918-623-1338	8/19/2017

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 REQUIRE ☐ Y ☐ N

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

LATERAL #1: SEC _____ TWP _____ RGE _____ COUNTY _____
 SPOT LOCATION: 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 True Vertical End Point location from nearest lease, unit
 Depth Depth or property line:

LATERAL #2: SEC _____ TWP _____ RGE _____ COUNTY _____
 SPOT LOCATION: 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 True Vertical End Point location from nearest lease, unit
 Depth Depth or property line:

LATERAL #3: SEC _____ TWP _____ RGE _____ COUNTY _____
 SPOT LOCATION: 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 True Vertical End Point location from nearest lease, unit
 Depth Depth 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**

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

4. **GEOLOGY**

DO NOT WRITE INSIDE THIS BOX