| PI NUMBER:   | 117 23701<br>Oil & Gas   |  | OIL & GAS<br>OKLAHO |                       | 73152-2000                  |              | Approval Date:<br>Expiration Date                 | 01/08/2019<br>: 07/08/2020  |  |  |  |  |  |
|--|--|--|---------------------|-----------------------|-----------------------------|--------------|---|-----------------------------|--|--|--|--|--|
|  |  |  | F                   | PERMIT TO D           | RILL                        |              |   |                             |  |  |  |  |  |
|  |  |  |                     |                       |                             |              |   |                             |  |  |  |  |  |
| WELL LOCATION  |  |  | County: PAWN        |                       |                             |              |   |                             |  |  |  |  |  |
| SPOT LOCATION  | N: SW NE NE  | SW FEET FROM QUAI<br>SECTION LINES:    |                     | SOUTH FROM            | WEST                        |              |   |                             |  |  |  |  |  |
|  |  |  |                     | 2285                  | 2080                        | M/- II       | <b></b>   |                             |  |  |  |  |  |
| Lease Name:  |  |  | Well NO:            | 3-31 TWIN             |                             | Well will be | 355 feet from near                                | est unit or lease boundary. |  |  |  |  |  |
| Operator<br>Name:  | ARUBA PETROLEUM INC  | ;                                      |                     | Telephone: 97         | 23129366                    | C            | TC/OCC Number:                                    | 24083 0                     |  |  |  |  |  |
| ARUBA  | PETROLEUM INC  |  |                     |                       |                             |              |   |                             |  |  |  |  |  |
| 555 REF  | PUBLIC DR STE 505  |  |                     |                       |                             |              |   |                             |  |  |  |  |  |
| PLANO,   | ,  | TX 75074-886                           | 55                  |                       | 41401 EAS                   | I 52ND ROA   |   |                             |  |  |  |  |  |
|  |  |  |                     |                       | GLENCOE                     |              | OK  | 74032                       |  |  |  |  |  |
| 1<br>2<br>3<br>4<br>5  | OSAGE LAYTON /MISSOU<br>TRUE LAYTON<br>CLEVELAND<br>OSWEGO   | URIAN/ 210<br>260<br>324<br>340        | 0<br>0              | 6<br>7<br>8<br>9<br>1 |                             |              |   |                             |  |  |  |  |  |
|  |  | Locs                                   | ation Exception O   | Orders:               |                             | Incre        | eased Density Orders:                             |                             |  |  |  |  |  |
| Spacing Orders:  | 208135   | ECCE                                   |                     |                       |                             |              |   |                             |  |  |  |  |  |
|  |  |  |                     |                       |                             | Spec         | cial Orders:                                      |                             |  |  |  |  |  |
|  | mbers:   |  | Surface C           | asing: 510            |                             |              | cial Orders:<br>base of Treatable Wat             | ter-Bearing FM: 460         |  |  |  |  |  |
| Pending CD Nun<br>Total Depth:   | mbers:   |  |                     | Casing: 510           | No                          |              | base of Treatable Wa                              | ter-Bearing FM: 460         |  |  |  |  |  |
| Pending CD Nun<br>Total Depth:   | mbers:<br>3450 Ground Elev<br>al Jurisdiction: No  |  |                     | Supply Well Drilled:  | No<br>proved Method for dis | Depth to I   | base of Treatable War<br>Surface Water            | -                           |  |  |  |  |  |
| Pending CD Nun<br>Total Depth:<br>Under Federa   | mbers:<br>3450 Ground Elev<br>al Jurisdiction: No  |  |                     | Supply Well Drilled:  |                             | Depth to I   | base of Treatable War<br>Surface Water<br>Fluids: | -                           |  |  |  |  |  |
| Pending CD Nun<br>Total Depth:<br>Under Federa<br>PIT 1 INFORM,<br>Type of Pit Syst  | mbers:<br>3450 Ground Elev<br>al Jurisdiction: No  |  |                     | Supply Well Drilled:  | proved Method for dis       | Depth to I   | base of Treatable War<br>Surface Water<br>Fluids: | -                           |  |  |  |  |  |
| Pending CD Nun<br>Total Depth:<br>Under Federa<br>PIT 1 INFORM.<br>Type of Pit Syst<br>Type of Mud Sy<br>Chlorides Max:  | mbers:<br>3450 Ground Elev<br>al Jurisdiction: No<br>IATION<br>stem:<br>ystem: WATER BASED<br>: 5000 Average: 3000   | vation: 1030                           |                     | Supply Well Drilled:  | proved Method for dis       | Depth to I   | base of Treatable War<br>Surface Water<br>Fluids: | -                           |  |  |  |  |  |
| Pending CD Nun<br>Total Depth:<br>Under Federa<br>PIT 1 INFORM.<br>Type of Pit Syst<br>Type of Mud Sy<br>Chlorides Max:<br>Is depth to top of  | mbers:<br>3450 Ground Elev<br>al Jurisdiction: No<br>IATION<br>stem:<br>ystem: WATER BASED<br>: 5000 Average: 3000<br>of ground water greater than 10ft  | vation: 1030                           |                     | Supply Well Drilled:  | proved Method for dis       | Depth to I   | base of Treatable War<br>Surface Water<br>Fluids: | -                           |  |  |  |  |  |
| Pending CD Nun<br>Total Depth:<br>Under Federa<br>PIT 1 INFORM.<br>Type of Pit Syst<br>Type of Mud Sy<br>Chlorides Max:<br>Is depth to top of<br>Within 1 mile of  | mbers:<br>3450 Ground Elev<br>al Jurisdiction: No<br>IATION<br>stem:<br>ystem: WATER BASED<br>: 5000 Average: 3000<br>of ground water greater than 10ft<br>f municipal water well? N   | vation: 1030                           |                     | Supply Well Drilled:  | proved Method for dis       | Depth to I   | base of Treatable War<br>Surface Water<br>Fluids: | -                           |  |  |  |  |  |
| Pending CD Nun<br>Total Depth:<br>Under Federa<br>PIT 1 INFORM.<br>Type of Pit Syst<br>Type of Mud Sy<br>Chlorides Max:<br>Is depth to top of<br>Within 1 mile of<br>Wellhead Prote                                  | mbers:<br>3450 Ground Elev<br>al Jurisdiction: No<br>IATION<br>stem:<br>ystem: WATER BASED<br>5000 Average: 3000<br>of ground water greater than 10ft<br>f municipal water well? N<br>action Area? N   | vation: 1030<br>t below base of pit? Y |                     | Supply Well Drilled:  | proved Method for dis       | Depth to I   | base of Treatable War<br>Surface Water<br>Fluids: | -                           |  |  |  |  |  |
| Pending CD Nun<br>Total Depth:<br>Under Federa<br>PIT 1 INFORM,<br>Type of Pit Syst<br>Type of Mud Sy<br>Chlorides Max:<br>Is depth to top of<br>Within 1 mile of<br>Wellhead Prote<br>Pit <b>is</b> loc             | mbers:<br>3450 Ground Elev<br>al Jurisdiction: No<br>IATION<br>stem:<br>ystem: WATER BASED<br>5000 Average: 3000<br>of ground water greater than 10ft<br>f municipal water well? N<br>action Area? N<br>cated in a Hydrologically Sensitiv           | vation: 1030<br>t below base of pit? Y |                     | Supply Well Drilled:  | proved Method for dis       | Depth to I   | base of Treatable War<br>Surface Water<br>Fluids: | -                           |  |  |  |  |  |
| Pending CD Nun<br>Total Depth:<br>Under Federa<br>PIT 1 INFORM.<br>Type of Pit Syst<br>Type of Mud Sy<br>Chlorides Max:<br>Is depth to top of<br>Within 1 mile of<br>Wellhead Prote<br>Pit is loc<br>Category of Pit | mbers:<br>3450 Ground Elev<br>al Jurisdiction: No<br>IATION<br>stem:<br>ystem: WATER BASED<br>5000 Average: 3000<br>of ground water greater than 10ft<br>f municipal water well? N<br>action Area? N<br>cated in a Hydrologically Sensitive<br>it: 2 | vation: 1030<br>t below base of pit? Y |                     | Supply Well Drilled:  | proved Method for dis       | Depth to I   | base of Treatable War<br>Surface Water<br>Fluids: | -                           |  |  |  |  |  |
| Under Federa<br>PIT 1 INFORM.<br>Type of Pit Syst<br>Type of Mud Sy<br>Chlorides Max:<br>Is depth to top of<br>Within 1 mile of<br>Wellhead Prote<br>Pit is loc<br>Category of Pit<br>Liner not requi                | mbers:<br>3450 Ground Elev<br>al Jurisdiction: No<br>IATION<br>stem:<br>ystem: WATER BASED<br>5000 Average: 3000<br>of ground water greater than 10ft<br>f municipal water well? N<br>action Area? N<br>cated in a Hydrologically Sensitiv           | vation: 1030<br>t below base of pit? Y |                     | Supply Well Drilled:  | proved Method for dis       | Depth to I   | base of Treatable War<br>Surface Water<br>Fluids: | -                           |  |  |  |  |  |

PIT 2 INFORMATION Type of Pit System: ON SITE Type of Mud System: WATER BASED Chlorides Max: 1200 Average: 500 Is depth to top of ground water greater than 10ft below base of pit? Y Within 1 mile of municipal water well? N Wellhead Protection Area? N Pit is located in a Hydrologically Sensitive Area. Category of Pit: 2 Liner not required for Category: 2

 Pit Location is
 BED AQUIFER

 Pit Location Formation:
 OSCAR

| Notes:               |   |
|----------------------|---|
| Category             | Description   |
| HYDRAULIC FRACTURING | 11/1/2018 - GA8 - OCC 165:10-3-10 REQUIRES:   |
|                      | 1) PRIOR TO COMMENCEMENT OF HYDRAULIC FRACTURING OPERATIONS FOR HORIZONTAL<br>WELLS, NOTICE GIVEN FIVE BUSINESS DAYS IN ADVANCE TO OFFSET OPERATORS WITH<br>WELLS COMPLETED IN THE SAME COMMON SOURCE OF SUPPLY WITHIN 1/2 MILE;                |
|                      | 2) WITH NOTICE ALSO GIVEN 48 HOURS IN ADVANCE OF HYDRAULIC FRACTURING ALL<br>WELLS TO BOTH THE OCC CENTRAL OFFICE AND LOCAL DISTRICT OFFICES, USING THE<br>"FRAC NOTICE FORM" FOUND AT THE FOLLOWING LINK:<br>OCCEWEB.COM/OG/OGFORMS.HTML; AND, |
|                      | 3) THE CHEMICAL DISCLOSURE OF HYDRAULIC FRACTURING INGREDIENTS FOR ALL WELLS<br>TO BE REPORTED TO FRACFOCUS WITHIN 60 DAYS AFTER THE CONCLUSION THE<br>HYDRAULIC FRACTURING OPERATIONS, USING THE FOLLOWING LINK: FRACFOCUS.ORG                 |
| INCREASED DENSITY    | 12/20/2018 - G75 - NEED ID FOR CLVD (SEE GLENCOE 3-31, API 117-23304); NA, INTENT TO<br>PLUG (FORM 1001) FOR GLENCOE 3-31 SUBMITTED TO OCC ON 1-3-2019 BY ARUBA<br>PETROLEUM, INC. (CURRENT OPERATOR)   |
| SPACING              | 12/19/2018 - G75 - OSAGE-LAYTON & TRUE LAYTON UNSPACED; 40-ACRE LEASE (NE4 SW4)   |
| SPACING - 208135     | 12/19/2018 - G75 - (40) W2 31-21N-4E<br>EST CLVD, OSWG, OTHERS  |

## API 117-23701

|                                      |  |                           | N          | DTIFIC   | ATION OF INTE                       | NTION T                 | O PL         | LUG   |                | _                | _                 |                      | _                 |                   | Form 1001    |  |
|--------------------------------------|--|---------------------------|------------|----------|-------------------------------------|-------------------------|--------------|---|----------------|------------------|-------------------|----------------------|-------------------|-------------------|--------------|--|
| 1. DATE FORM PREPARED<br>01/03       |  |                           | ок         |          |                                     |                         | MIS          | SION  | 1              |                  |                   |                      |                   |                   | Rev. 2018    |  |
| 2. DATE PLUGGING TO BE               | 2. DATE PLUGGING TO BEGIN Oil & Gas Conserva |                           |            |          |                                     | ation Division Latitude |              |   |                |                  |                   |                      |                   |                   |              |  |
| 03/01/19 OAC 165:10<br>FEE: \$100.00 |  |                           |            |          | i i                                 |                         |              | (if kn  | · · ·          |                  |                   |                      |                   |                   |              |  |
| THIS FORM EXPIRES                    | 90 DAYS AFTER                                | OCC APPP                  | ROVA       |          | OAC 165:5-3-                        |                         |              |   |                | Longi<br>(if kno |                   |                      | _                 |                   |              |  |
| WELL LOCATION                        |  |                           |            |          |                                     |                         | 330          | 990   | 1650           | 2310             | 330               | 990                  | 1650              | 2310              |              |  |
| 3. WELL NAME/NO.                     | COE 3-31                                     | 4. AI                     | PI NO.     | 117_     | 23304                               | 2640                    |              |   |                |                  |                   |                      |                   |                   |              |  |
| 5. OTC PRODUCTION UNI                | T NO.  | 6. B/                     | ASE ÖF     | TREAT    | ABLE WATER                          | 1980                    |              |   |                |                  |                   |                      |                   |                   |              |  |
|                                      | <u>121217</u>                                | SW                        |            | 4        | 30'                                 | 1320                    | ⊢            |   | _              |                  |                   |                      |                   |                   |              |  |
| 7. 1/4<br>Coo                        | 1/4 1/4                                      | 1/4                       |            |          |                                     | 660                     |              |   |                |                  |                   |                      |                   |                   |              |  |
| 31 wp. 2                             | IN Rge. 0                                    | 4E                        |            | PAV      | VNEE                                |                         |              |   |                |                  |                   |                      |                   |                   | South Line   |  |
| OPERATOR                             |  |                           |            |          |                                     | 2640                    |              |   |                | X                |                   |                      |                   |                   |              |  |
| 8. NAME<br>ARUBA PI                  | ETROLEUM, IN                                 | c.                        | 9. O       | TC/OCC   | OPERATOR NO. 24083                  | 1980                    |              |   |                |                  |                   |                      |                   |                   |              |  |
| 10. ADDRESS                          | IC DR. SUITE                                 |                           | 11.F       | HONEN    | UMBER                               | 1320                    |              |   |                |                  |                   |                      |                   |                   |              |  |
| CITY                                 |  | STA                       |            | ZIP      | -312-9366                           | 660                     |              | $\vdash$  | ,              |                  |                   |                      |                   |                   |              |  |
| E-Mail Address                       | ANO  |                           | TX         |          | 75074                               | 0                       |              |   |                |                  |                   |                      |                   |                   | South Line   |  |
|                                      |  |                           |            |          |                                     | Ĭ                       |              |   |                | 528              | 30 ft             |                      |                   |                   |              |  |
| CORRESPONDENCE R<br>12. NAME         | EGARDING THIS W                              | ELL SHOU                  |            |          | D TO:<br>NUMBER                     | West                    | t Line       |   |                | Wes              | t Line            |                      |                   |                   |              |  |
| KATHERI                              | NE K DRISKEL                                 | L                         |            |          | -312-9366                           |                         |              |   | _              |                  |                   |                      | _                 | _                 |              |  |
| 13. ADDRESS                          | 555 REPUBLIC                                 | DR. SUI                   | TE 50      | )5       |                                     |                         | Use<br>to sl | mou<br>how v  | ise p<br>Noli  | locai            | er to<br>Hon i    | mov                  | e yel             | low (             | dot l        |  |
| CITY                                 | ANO  | STA                       | TE         | ZIP      | 75074                               | ĺ                       | 10 31        | 1044  | arcsii         | ioca             |                   | ii pic               | ,hai              | ioca              | uori.        |  |
| 14. NAME OF FIRM PLUGG               | ING WELL                                     |                           | TX         |          | 75074                               |                         |              |   |                | -                |                   | _                    |                   |                   | _            |  |
| 15. PERMIT NO.                       | ILWELL CEME                                  | NTERS-C                   |            | ING      |                                     |                         |              | File th   |                |                  |                   |                      |                   |                   |              |  |
| 897                                  |  | PHONE NO.                 |            | 8-225-   | 1633                                |                         |              | to plu<br>the w   |                |                  | o a du            | iplicat              | e cop             | y at              |              |  |
| FAX No./E-Mail:                      |  | 918-225                   | i-2114     | 4        |                                     |                         | 2            | This I  | orm            | must             | be N              | ent, a               | long              | with:             |              |  |
|                                      |  |                           |            |          |                                     |                         | E.           |   |                |                  |                   | hier a               |                   |                   | COMPANY OF A |  |
| LIST OF CASING STRIN<br>TYPE CASING  | SIZE   | SETTING                   | DEPTH      |          | CEMENT TOP                          |                         |              |   |                |                  |                   | ng in<br>Tuto        |                   |                   |              |  |
| 23#                                  | 8 5/8"                                       | 1                         | 480'       |          | SURFACE                             |                         |              | or the OCC office in Tulsa. No activity<br>may begin until the fee has been paid. |                |                  |                   |                      |                   |                   |              |  |
| 15.5#                                | 5 1/2"                                       | 4                         | 277'       | ·        | 2800'                               | 1                       |              | 3. Attach a copy of the Form 1002A<br>(Completion Report) to this form when       |                |                  |                   |                      |                   |                   |              |  |
|                                      |  | <u> </u>                  |            |          |                                     |                         |              | subm  | itting         | this fe          | orm.              |                      |                   |                   |              |  |
|                                      | <u> </u>                                     |                           |            |          |                                     |                         | 4.           | The ap<br>notifie   | pprop<br>id by | riate<br>ohon    | Distric<br>e with | ct Offici<br>in a si | ce sha<br>ufficie | all be<br>of firr |              |  |
|                                      |  |                           |            |          |                                     |                         |              | to allo   | w wit          | inessi           | ing by            | 000                  |                   |                   |              |  |
|                                      |  |                           |            |          |                                     |                         |              | See C<br>for ad   |                |                  |                   |                      |                   |                   | 1-6          |  |
| PERFORATION DEPTH INT                |  |                           | plugg      | ing of   | fwells                              | 6.                      |              |   | -              |                  |                   |                      |                   |                   |              |  |
|                                      |  |                           |            |          |                                     | /                       | and and      | 1   |                |                  |                   | ι.                   |                   |                   | 1007         |  |
| I, the undersigned, certify          | that the above inform                        | ation is true,            | correc     | t and co | mplete to the best of               | my knowledg             | e and        | belief.   |                | V                | 1                 |                      | Π                 |                   |              |  |
|                                      | KATHERINE K.                                 | DDIEVEI                   | 1          |          |                                     | Cat                     |              | 7.  | . /            | $^{\prime}$      | 11                | . l                  |                   | H                 | 100          |  |
| Type or Print Name and Title         |  | DRISKEL                   | - <b>L</b> |          |                                     | L COU                   |              | <u>A</u>  | 1              | 4                | VU                | <u>ya</u>            |                   | 0                 |              |  |
| Type of Finit Raine and Fide         | or operator a Agent                          |                           |            |          |                                     | orgnature or c          | operat       | ors Ag  | enic           |                  |                   |                      |                   |                   |              |  |
| OKLAHOMA CITY I                      |  | FSS                       | 7          |          |                                     | DEGG                    | ſ            |   |                | OT V             | 7-171             | - 155                |                   | TUIC              | вох          |  |
| Oklahoma Corpor                      |  |                           |            |          | Corporation Co                      |                         |              |   |                | 01 1             | FIXE E            |                      |                   | Inio              | 50A          |  |
|                                      | shier's Office                               |                           |            |          | n: Court Clerk's                    |                         |              |   |                |                  |                   |                      |                   |                   |              |  |
|                                      | x 52000<br>OK 73152-2000                     | 1                         | 44         |          | louston Ave., Su<br>Tulsa, OK 74127 |                         | ĺ            |   |                |                  |                   |                      |                   |                   |              |  |
| (checks or mor                       |  |                           | (ct        |          | or money order                      |                         |              |   |                |                  |                   |                      |                   |                   |              |  |
| The info                             | mation below n                               | nav ho m                  | -          |          | •                                   |                         |              |   |                |                  |                   |                      |                   |                   |              |  |
| (and payment by                      | / cash, check c                              | or monev                  | orde       | r) to t  | he Oklahoma C                       | ity office:             | . [          |   |                |                  |                   |                      |                   |                   |              |  |
|                                      | The Jim                                      | Thorpe C                  | Office     | Buildir  | ng                                  | ,                       |              |   |                |                  |                   |                      |                   |                   |              |  |
|                                      | 2101 N. Linco<br>Oklabom:                    | In Blvd. (C<br>a City, Ok | Cashie     | er: Firs | st Floor)                           |                         |              |   |                |                  |                   |                      |                   |                   | I            |  |
|                                      | Unianomi                                     | a City, OK                | adiiOf     | 101/01   | 00                                  |                         |              |   |                |                  |                   |                      |                   |                   |              |  |