

RECEIVED

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FORM 1000
REV. 2014

APPLICATION TO DRILL, RECOMPLETE OR REENTER

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)

OKLAHOMA CORPORATION
COMMISSION

1. OTC/OCC OPERATOR NUMBER

23355-0

2. API NUMBER

049-25094

3. NOTICE OF INTENT TO:

(CHECK ONLY ONE)

REPLACEMENT DOCUMENT FOR REJECTED ELECTRONIC FILING FILED 3/13/18

___ 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

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

5. WELL LOCATION:

SECTION **3** TOWNSHIP **01N** RANGE **03W** COUNTY **GARVIN**

SPOT LOCATION: **NW 1/4 SE 1/4 SE 1/4 SW 1/4** FEET FROM QUARTER from SOUTH LINE from WEST LINE
SECTION LINES: **363 2159**

7. Well will be **363** feet from nearest unit or property boundary.

8. LEASE NAME: **LEVY** WELL NUMBER: **4-3-10D**

9. NAME OF OPERATOR: **IRON STAR ENERGY, LLC**

EMAIL ADDRESS:

ADDRESS **P.O. BOX 163793** PHONE (AC/NUMBER) **(918) 938-6069**

CITY **AUSTIN** STATE **TX** ZIP CODE **78716**

10. SURFACE OWNER (ONE ONLY, ATTACH SHEET FOR ADDITIONAL OWNERS)

PAUL FERGUSON

ADDRESS

28116 HIGHWAY 76

CITY

FOSTER

STATE

OK

ZIP CODE

73434

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

1) Caney 7,849'	6) Bromide 11,067'
2) Woodford 8,418'	7) McLish 11,348'
3) Hunton 9,867'	8)
4) Sylvan 10,408'	9)
5) Viola 10,601'	10)

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

649055/38942

16. PENDING APPLICATION C.D. NO.

17. LOCATION EXCEPTION ORDER NO.

652285

18. INCREASED DENSITY ORDER NO.

19. TOTAL DEPTH

11,402

20. GROUND ELEV.

953

21. BASE OF TREATABLE WATER

1020

22. SURFACE CASING

1061 (Set)

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: **5000** ppm; average: **3000** 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 ___ X N

F. WELLHEAD PROTECTION AREA? ___ Y ___ X N

Off-Site Pit No. ___

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. 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)

___ 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** (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: **Haul to Licensed SWD**

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

Wayne Smith

NAME (Print or Type)

Wayne Smith

PHONE (AC/NO.)

405-842-7888

FAX

405-842-7885

DATE

4/23/2018

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

File the Form 1001A, Spud Report, within fourteen days of commencement of operations.