

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000
REV. 2014FILE ORIGINAL ONLY
PLEASE TYPE OR USE BLACK INKOKLAHOMA 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)
WALK THROUGH

1. OTC/OCC OPERATOR NUMBER

20720

2. API NUMBER

3. NOTICE OF INTENT TO:

(CHECK ONLY ONE)

☒ DRILL ☐ RECOMPLETE ☐ REENTER ☐ DEEPEN ☐ AMEND - REASON (Correct Footages)

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 HOLEB. ☒ OIL/GAS ☐ INJECTION ☐ DISPOSAL ☐ WATER SUPPLY ☐ STRAT TEST ☐ SERVICE WELL

5. WELL LOCATION:

SECTION 23 TOWNSHIP 2S RANGE 2W COUNTY CARTER

SPOT LOCATION: SE 1/4 SE 1/4 SW 1/4 SE 1/4 FEET FROM QUARTER from SOUTH LINE from EAST LINE
SECTION LINES: 165' 1,590'

7. Well will be 165' feet from nearest unit or property boundary.

8. LEASE NAME: Keith WELL NUMBER: 4-23

9. NAME OF OPERATOR WILDHORSE OPERATING COMPANY EMAIL ADDRESS: wildhorse@swbell.net
ADDRESS PO BOX 1604 PHONE (AC/NUMBER) 580-223-0936

CITY ARDMORE STATE OK ZIP CODE 73402

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

Daube Arbuckle Ranch LLC

ADDRESS PO Box 38

CITY Ardmore STATE OK ZIP CODE 73402

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

1)	Cisco 300'	6)
2)	Deese Sand 500'	7)
3)		8)
4)		9)
5)		10)

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

NO SPACING

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

19. TOTAL DEPTH 2,500' 20. GROUND ELEV. 910' 21. BASE OF TREATABLE WATER 350' 22. SURFACE CASING no 23. ALT CASING PROG USED? X Y 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: 5,000 ppm; average: 2,500 ppm.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 ☐ NE. WITHIN 1 MILE OF MUNICIPAL WATER WELL? ☐ Y ☒ NF. WELLHEAD PROTECTION AREA? ☐ Y ☒ N Off-Site Pit No. _____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. Fr: _____
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 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/reuse 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) S Neil Sisson PHONE (AC/NO.) 580-223-0936 FAX 580-223-1017 DATE 10/17/17

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 SEC TWP RGE COUNTY

SPOT LOCATION: 1/4 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 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 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:

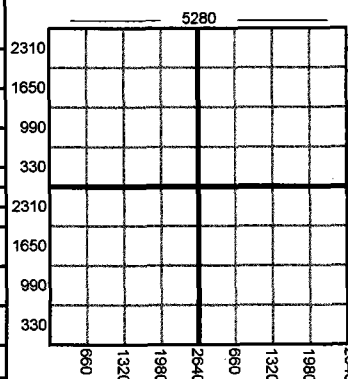
LATERAL #3: SEC TWP RGE COUNTY

SPOT LOCATION: 1/4 1/4 1/4 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 X 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 X WILL NOT exceed 50 gallons per minute.
3. The projected depth of the well IS X 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
NONE			

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
 APPROVED REJECTED

OCC USE ONLY

OCC USE ONLY

1. SURETY 2/14/18
 A. NONE filed
 B. EXPIRED: Date
 C. OUTSTANDING CONTEMPT ORDER.

4. GEOLOGY

DO NOT WRITE INSIDE THIS BOX

Case: 1000000000
 Date: 10/19/2017
 RECEIPT 1809140049
 Time: 12:33
 Payor: MILLMOORSE OPERATING COMPANY
 Check: 6652
 Cashier: KEN
 \$500.00
 45 Emergency Walk Thru ITD