

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)

WALK THROUGH

1. OTC/OCC OPERATOR NUMBER

21639

2. API NUMBER

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

5. WELL LOCATION:

SECTION 26 TOWNSHIP 16N RANGE 06W COUNTY Kingfisher

SPOT LOCATION: NE 1/4 | NE 1/4 | NE 1/4 | SE 1/4 FEET FROM QUARTER from NORTH LINE from EAST LINE
SECTION LINES: 150' 257'

7. Well will be 150' feet from nearest unit or property boundary.

8. LEASE NAME: Venti SWD WELL NUMBER: 1

9. NAME OF OPERATOR: Hinkle Oil & Gas, Inc. EMAIL ADDRESS: Laurahinkle@hoagi.com

ADDRESS 5600 N. May Avenue, Suite 295 PHONE (AC/NUMBER) 405-848-0924

CITY Oklahoma City STATE OK ZIP CODE 73112

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

Judith & James Grellner, Jt. Tenant

ADDRESS 1212 S. 7th Street

CITY Kingfisher STATE OK ZIP CODE 73750

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

1) Wilcox 8050'	6)
2)	7)
3)	8)
4)	9)
5)	10)

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

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

19. TOTAL DEPTH 8750' 20. GROUND ELEV. 1113' 21. BASE OF TREATABLE WATER 260' 22. SURFACE CASING 310' 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: 4000 ppm; average: 1800 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 ☒ X ☐ N26.1 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)

<input type="checkbox"/> A. Evaporation/dewater and backfilling of reserve pit.	
<input type="checkbox"/> B. Public Landfill: Location _____	
<input type="checkbox"/> C. Annular Injection (REQUIRES PERMIT and surface casing set 200 feet below base of treatable water-bearing formation.)	PERMIT NO. _____
<input checked="" type="checkbox"/> D. One time land application (REQUIRES PERMIT)	PERMIT NO. 17-33309
<input type="checkbox"/> E. Haul to Commercial pit facility; Specify site: _____	Order No. _____
<input type="checkbox"/> F. Haul to Commercial soil farming facility; Specify site: _____	Order No. _____
<input type="checkbox"/> G. Haul to recycling/re-use facility; Specify site: _____	Order No. _____
<input type="checkbox"/> 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 <i>L. A. Hinkle</i>	NAME (Print or Type) Laura A. Hinkle	PHONE (AC/NO.) 405-848-0924	FAX (AC/NO.) 405-848-0926	DATE 10/18/17
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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.

SD

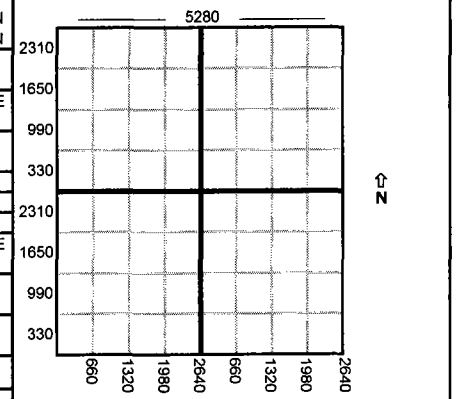
NOTIFY DISTRICT OFFICE 24 HOURS PRIOR TO CEMENTING SURFACE CASING.

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.
 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:	
		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	
		Measured Total		True Vertical								SECTION LINES:					
		Depth		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		from SOUTH LINE		from WEST LINE	
		Depth of Deviation		Radius of Turn								SECTION LINES:					
		Measured Total		True Vertical										Direction		Total Length	
		Depth		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		from SOUTH LINE		from WEST LINE	
		Depth of Deviation		Radius of Turn								SECTION LINES:					
		Measured Total		True Vertical										Direction		Total Length	
		Depth		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		from SOUTH LINE		from WEST LINE	
		Depth of Deviation		Radius of Turn								SECTION LINES:					
		Measured Total		True Vertical										Direction		Total Length	
		Depth		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

- A. NONE filed. 11/19/10
- B. EXPIRED: Date
- C. OUTSTANDING CONTEMPT ORDER.

4. GEOLOGY

DO NOT WRITE INSIDE THIS BOX

OKLA CORP COM
 RECEIPT 1804160015
 Date: 10/19/2017 Time: 10:08
 Case: 000000000 Cashier: CSO
 Payer: HINMILE OIL & GAS INC.
 Check: 4354 \$500.00
 45 Emerg Walk Thru ITD