

FORM 1000  
REV. 2014

SCANNED


[illegible]

**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/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<br> | NAME (Print or Type)<br>JANA WHIPPLE | PHONE (AC/NO.) | FAX (AC/NO.) | DATE<br>10/18 |
|--|--------------------------------------|----------------|--------------|---------------|

**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  
 F. WELLHEAD PROTECTION AREA?        Y        N Off-Site Pit No.       

**26.2 OCC USE ONLY** A. CATEGORY 1A 1B 2 3 4 C Fm:        Other H.S.A.        Non-H.S.A.  
 B. PIT LOCATION:        Alluvial Plain        Terrace Deposit        Bedrock Aquifer  
 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

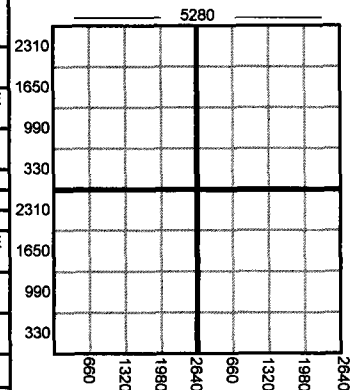
29 Bottom Hole Location for Directional Hole: SEC        TWP        RGE        COUNTY         
 SPOT LOCATION: 1/4        1/4        1/4        1/4        FEET FROM QUARTER from SOUTH LINE from WEST LINE  
 SECTION LINES:         
 Measured Total Depth        True Vertical Depth        BHL from nearest 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  
 SECTION LINES:         
 Depth of Deviation        Radius of Turn        Direction        Total Length         
 Measured Total Depth        True Vertical 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  
 SECTION LINES:         
 Depth of Deviation        Radius of Turn        Direction        Total Length         
 Measured Total Depth        True Vertical 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  
 SECTION LINES:         
 Depth of Deviation        Radius of Turn        Direction        Total Length         
 Measured Total Depth        True Vertical 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**  
 APPROVED        REJECTED       

**OCC USE ONLY**

**OCC USE ONLY**

**1. SURETY**

- A. NONE filed. 2/25/18
- B. EXPIRED: Date
- C. OUTSTANDING CONTEMPT ORDER.

**4. GEOLOGY**

**DO NOT WRITE INSIDE THIS BOX**

OKLA CORP COM  
 RECEIPT 190417009  
 Date: 10/19/2017 Time: 10:02  
 Case: 000000000 Cashier: CRS  
 Payer: CIRCLE 9 RESOURCES, LLC  
 Check: 102 \$500.00  
 45 Emerg Walk Thru TTP