

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000
REV. 2014FILE ORIGINAL ONLY
PLEASE TYPE OR USE BLACK INK

1. OTC/OCC OPERATOR NUMBER

23209

2. API NUMBER

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

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 2 TOWNSHIP 7N RANGE 6E COUNTY SEMINOLE

SPOT LOCATION: SE 1/4 NW 1/4 SE 1/4 FEET FROM QUARTER from SOUTH LINE from EAST LINE
SECTION LINES: 2310' 660'

7. Well will be 330' feet from nearest unit or property boundary.

8. LEASE NAME: KATHERINE WELL NUMBER: 1-2

9. NAME OF OPERATOR: CIRCLE 9 RESOURCES LLC EMAIL ADDRESS: ADMIN@CIRCLE9LLC.COM

ADDRESS P.O. BOX 18734 PHONE (AC/NUMBER) 405-529-6577

CITY OKLAHOMA CITY STATE OK ZIP CODE 73154

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

TRAVIS LANE

ADDRESS P.O. BOX 27762

CITY PANAMA CITY STATE FL ZIP CODE 32408

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

- | | |
|----------------------|---------------------------|
| 1) CALVIN (1850') | 6) VIOLA (3920') |
| 2) EARLSBORO (2570') | 7) SIMPSON (3990') |
| 3) BOOCH (3090') | 8) FIRST WILCOX (4015') |
| 4) GILCREASE (3110') | 9) MARSHALL (4085') |
| 5) CROMWELL (3125') | 10) SECOND WILCOX (4120') |

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S): 201706533 - 120 ACRES

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

19. TOTAL DEPTH 4320' 20. GROUND ELEV. 21. BASE OF TREATABLE WATER 870' 22. SURFACE CASING 920' 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: X WATER BASED OIL BASED GAS BASED (AIR DRILL)

B. EXPECTED MUD CHLORIDE CONTENT: maximum: 8000 ppm; average: 5000 ppm.

PIT #1 C. TYPE OF PIT SYSTEM: X 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? X 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 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	NAME (Print or Type)	PHONE (AC/NO.)	FAX (AC/NO.)	DATE
	JAY N. WHIPPLE			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.

SEC TOWNSHIP RANGE

WELL NAME #

SCANNED

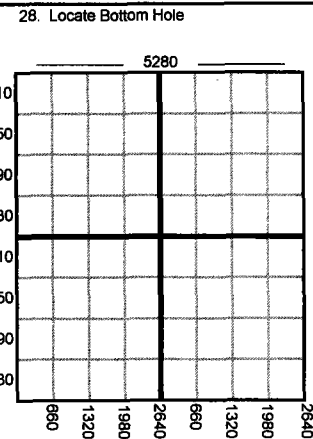
SD

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.
 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:	<u> </u>	
B. PIT LOCATION:		<u> </u> Alluvial Plain <u> </u> Terrace Deposit <u> </u> Bedrock Aquifer <u> </u> Other H.S.A. <u> </u> Non-H.S.A.										
C. Special area or field rule?		<u> </u> Y <u> </u> N		D. DEEP SCA?		<u> </u> Y <u> </u> N		E. CBL?		<u> </u> Y <u> </u> N		
F. SOIL COMPACTED LINER REQUIRED?		<u> </u> Y <u> </u> N		G. 20 mil GEOMEMBRANE LINER REQUIRED		<u> </u> Y <u> </u> N						
29 Bottom Hole Location		SEC	TWP	RGE	COUNTY							
for Directional Hole:												
SPOT LOCATION:		1/4	1/4	1/4	1/4	FEET FROM QUARTER		from SOUTH LINE		from WEST LINE		
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		
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:												
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		Direction		Total Length						
Measured Total Depth		True Vertical Depth		End Point location from nearest lease, unit or property line:								
LATERAL #3:												
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		Direction		Total Length						
Measured Total Depth		True Vertical Depth		End Point location from nearest lease, unit or property line:								



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 2/25/16
- B. EXPIRED: Date
- C. OUTSTANDING CONTEMPT ORDER.

4. GEOLOGY

DO NOT WRITE INSIDE THIS BOX

RECEIPT 1904170408
 Date: 10/19/2017 Time: 10:01
 Case: 000000000 Cashier: CRS
 Payor: CIRCE 9 RESOURCES, LLC
 Check: 103 \$500.00
 45 Emergency Thru ID