FORM 1000 REV. 2009

APPLICATION TO DRILL, RECOMPLETE OR REENTER FILE ORIGINAL ONLY PLEASE TYPE OR USE BLACK INK OKLAHOMA CORPORATION COMMISSION 1. OTC/OCC OPERATOR NUMBER **OIL & GAS CONSERVATION DIVISION** BATCH NUMBER (OCC USE ONLY) JIM THORPE BUILDING 15459 P.O. BOX 52000 2. API NUMBER OKLAHOMA CITY, OK 73152-2000 (RULE 165:10-3-1) 4925083 3. NOTICE OF INTENT TO: (CHECK ONLY ONE) DRILL X RECOMPLETE DEEPEN AMEND - REASON REENTER NOTE: ATTACH COPY OF 1002-A IF RECOMPLETION OR REENTRY. 6. LOCATE WELL AND OUTLINE 4. TYPE OF DRILLING OPERATION >>>>>> (NOTE: If directional or horizontal, see reverse side for bottom hole location) LEASE OR SPACING UNIT IN INK. X STRAIGHT HOLE DIRECTIONAL HOLE HORIZONTAL HOLE X OIL/GAS INJECTION DISPOSAL WATER SUPPLY STRAT TEST SERVICE WELL 2310 5. WELL LOCATION: SECTION TOWNSHIP 25 RANGE COUNTY 3W 4N 1650 Garvin SPOT LOCATION EET FROM QUARTER from SOUTH LINE from WEST LINE 990 NW_ 1/4 NW 1/4 NE 1/4 SECTION LINES: 200 200 330 Well will be teet from nearest unit or property boundary. 8. LEASE NAME: WELL NUMBER Logan Weston #1-25 2310 NAME OF EMAIL ADDRESS: Lance Ruffel Oil & Gas LLC 1650 **OPERATOR** ADDRESS PHONE (AC/NUMBER) 210 Park Ave, Suite 2150 405-239-7036 990 ZIP CODE Oklahoma City OK 73102 330 10. SURFACE OWNER (ONE ONLY, ATTACH SHEET FOR ADDITIONAL OWNERS) 198 8 8 1320 Danny & Sheila C. Rutledge ADDRESS 11. Is well located on lands under federal jurisdiction? 1811 Hunt Club Circle CITY STATE 12. Will a water well be drilled? ZIP CODE Blanchard OK 73010 Will surface water be used? 3. Date Operation to Begin 14. LIST TARGET FORMATIONS AND DEPTHS OF EACH BELOW (LIMITED TO TEN) Gibson Sand 6582 6) Hart Sand 6653 2) 7) 3) Viola 6673 8) 1st Bromide 7278 9) 5) 2nd Bromide 7420 10) 15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S): 656909 Standup 80 16. PENDING APPLICATION C.D. NO. 17. LOCATION EXCEPTION ORDER NO. 18. INCREASED DENSITY ORDER NO. 201604252 19. TOTAL DEPTH | 20. GROUND ELEV. | 21. BASE OF TREATABLE WATER | 22. SURFACE CASING | 23. ALT CASING PROGUSED? 220 300 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.

depth to B. Cement will be circulated from depth by use of a two stage cementing tool. 25.1. PIT INFORMATION: Using more than one pit or mud system? X N If yes, fill out line 25.2 on top reverse side. OIL BASED A. TYPE OF MUD SYSTEM: X WATER BASED
B. EXPECTED MUD CHLORIDE CONTENT: m GAS BASED (AIR DRILL) maximum: ppm; average: C. TYPE OF PIT SYSTEM: X on-site off-site closed

D. IS DEPTH TO TOP OF GROUND WATER GREATER THAN 10 FT BELOW BASE OF PIT? C. TYPE OF PIT SYSTEM: If off-site, specify location: E. WITHIN 1 MILE OF MUNICIPAL WATER WELL? Off-Site Pit No. F. WELLHEAD PROTECTION AREA? A. CATEGORY 1A 1B 2 3 C OCC USE ONLY B. PIT LOCATION: Alluvial Plain Terrace Deposit Bedrock Aquifer Other H.S.A E. CBL required? C. Special area or field rule? D. DEEP SCA? N F. SOIL COMPACTED LINER REQUIRED? G. 20 mil GEOMEMBRANE LINER REQUIRED? PROPOSED METHOD FOR DISPOSAL OF DRILLING FLUIDS (MUST BE COMPLETED) A. Evaporation/dewater and backfilling of reserve pit. B. Solidification of pit contents. C. Annular Injection (REQUIRES PERMIT and surface casing set 200 feet below base of treatable water-bearing formation.) PERMIT NO. x D. One time land application ---PERMIT NO. --- (REQUIRES PERMIT) 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: H. Other, Specify: I hereby certify I am authorized to submit this two page application prepared by me or under my supervision.

IOTICE: Approval is voted 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.

PHONE (AC/NO.)

DATE

The facts and proposals made herein are true, correct and complete to the best of my knowledge and belief.

NAME (Print or Type)

25.2. PIT INFORMATION: A. TYPE OF MUD SYSTEM:			CE 24 HOURS PRIOR TO C												
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B. EXPECTED MUD CHLOR		maximum:		verage:	_ppm.										
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F. WELLHEAD PROTECTIO		vn	 :"		00										_
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