API NUMBER: 019 26373 B

OKLAHOMA CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION P.O. BOX 52000 OKLAHOMA CITY, OK 73152-2000 (Rule 165:10-3-1)

Approval Date: 09/08/2021 Expiration Date: 03/08/2023

Straight Hole

Oil & Gas

Amend reason: CHANGE TOTAL DEPTH; USE AN ALTERNATIVE SURFACE CASING; REVISE TARGET FORMATION

## **AMEND PERMIT TO DRILL**

| RMATION                                                 |           |          |             |           |          |             |                                  |                                                    |                                                                    |              |             |             |          |              |                |           |              |
|---------------------------------------------------------|-----------|----------|-------------|-----------|----------|-------------|----------------------------------|----------------------------------------------------|--------------------------------------------------------------------|--------------|-------------|-------------|----------|--------------|----------------|-----------|--------------|
| WELL LOCATION:                                          | Sec       | tion:    | 27          | Township  | : 4S     | Ran         | je: 2W                           | County:                                            | CART                                                               | ER           |             |             |          |              |                |           |              |
| SPOT LOCATION:                                          | NE        | SW       | NW          | NE        | FEET     | FROM QUART  | ER: FROM                         | NORTH                                              | FROM                                                               | WEST         |             |             |          |              |                |           |              |
|                                                         |           |          |             |           |          | SECTION LIN | ES:                              | 825                                                |                                                                    | 385          |             |             |          |              |                |           |              |
| Lease Name:                                             | HHU       |          |             |           |          |             | Well N                           | o: 826                                             |                                                                    |              | W           | ell will be | 385      | feet from    | n nearest un   | t or leas | se boundary. |
| Operator Name:                                          | KODIA     | K OIL &  | GAS INC     |           |          |             | Telephor                         | ne: 940759                                         | 4001                                                               |              |             |             |          | ОТ           | C/OCC Nur      | nber:     | 23226 0      |
| KODIAK OIL                                              | & GAS     | INC      |             |           |          |             |                                  |                                                    | ٦Г                                                                 | MEL WALTE    | RSCHEI      | D           |          |              |                |           |              |
| 204 N WALNUT ST                                         |           |          |             |           |          |             |                                  |                                                    |                                                                    |              |             |             |          |              |                |           |              |
| MUENSTER, TX 76252-2766                                 |           |          |             |           |          |             |                                  |                                                    | MUENSTER TX 76252                                                  |              |             |             |          |              |                |           |              |
|                                                         |           |          |             | 170       | . 020    |             |                                  |                                                    |                                                                    | WIOLINGTER   |             |             |          | 17           | 70232          |           |              |
|                                                         |           |          |             |           |          |             |                                  |                                                    | -                                                                  |              |             |             |          |              |                |           |              |
|                                                         |           |          |             |           |          |             |                                  |                                                    |                                                                    |              |             |             |          |              |                |           |              |
| Formation(s)                                            | (Pern     | nit Val  | id for Lis  | sted Fo   | rmatior  | ns Only):   |                                  |                                                    |                                                                    |              |             |             |          |              |                |           |              |
| Name                                                    |           | Code     |             |           |          | Depth       |                                  |                                                    |                                                                    |              |             |             |          |              |                |           |              |
| 1 HOXBAR                                                |           | 405HXBR  |             |           |          |             | 1500                             |                                                    |                                                                    |              |             |             |          |              |                |           |              |
| Spacing Orders:                                         | 63637     |          |             |           |          | Lo          | cation Ex                        | ception Orde                                       | ers: N                                                             | lo Exception | ons         |             | Ind      | creased De   | ensity Orders: | No        | Density      |
| Pending CD Numbers: No Pending Working interest owner   |           |          |             |           |          |             | ers' no                          | s' notified: *** Special Orders: No Special        |                                                                    |              |             |             |          |              |                |           |              |
| Total Depth: 2400 Ground Elevation: 895 Surface Casing: |           |          |             |           |          |             | : 0                              | O Depth to base of Treatable Water-Bearing FM: 550 |                                                                    |              |             |             |          |              |                |           |              |
| Alternate Casi                                          | ng Pro    | gram     |             |           |          |             |                                  |                                                    |                                                                    |              |             |             |          |              |                |           |              |
| Cement will b                                           | e circ    | ılated   | by use      | of a tw   | o-stag   | ge ceme     | nting t                          | ool from                                           | 65                                                                 | 0 to 0       |             |             |          |              |                |           |              |
| Under Federal Jurisdiction: No                          |           |          |             |           |          |             |                                  | A                                                  | Approved Method for disposal of Drilling Fluids:                   |              |             |             |          |              |                |           |              |
| Fresh Water Supply Well Drilled: No                     |           |          |             |           |          |             |                                  | С                                                  | D. One time land application (REQUIRES PERMIT) PERMIT NO: 20-37234 |              |             |             |          |              |                |           |              |
| Surface                                                 | e Water u | sed to D | orill: No   |           |          |             |                                  |                                                    | F                                                                  | I. (Other)   |             |             | PIT 20 ı | mil liner re | quired         |           |              |
| DIT 4 INCOD                                             | MATIC     | NI.      |             |           |          |             |                                  |                                                    |                                                                    | C-4-         | manu of Die | . 10        |          |              |                |           |              |
| PIT 1 INFORMATION  Type of Pit System: ON SITE          |           |          |             |           |          |             |                                  |                                                    | Category of Pit: 1A Liner required for Category: 1A                |              |             |             |          |              |                |           |              |
| Type of Mud System: WATER BASED                         |           |          |             |           |          |             |                                  | Pit Location is: ALLUVIAL                          |                                                                    |              |             |             |          |              |                |           |              |
| Chlorides Max: 5000 Average: 3000                       |           |          |             |           |          |             | Pit Location Formation: ALLUVIAL |                                                    |                                                                    |              |             |             |          |              |                |           |              |
| Is depth to                                             |           | •        |             | than 10ft | below ba | ase of pit? | Υ                                |                                                    |                                                                    |              |             |             |          |              |                |           |              |
|                                                         |           |          | water well  |           |          | •           |                                  |                                                    |                                                                    |              |             |             |          |              |                |           |              |
|                                                         |           |          | ction Area  |           |          |             |                                  |                                                    |                                                                    |              |             |             |          |              |                |           |              |
| Pit <u>is</u> lo                                        |           |          | logically S |           | rea.     |             |                                  |                                                    |                                                                    |              |             |             |          |              |                |           |              |
|                                                         |           |          |             |           |          |             |                                  |                                                    |                                                                    |              |             |             |          |              |                |           |              |

NOTES:

| Category             | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| ALTERNATE CASING     | [11/29/2021 - GC2] - APPROVED; (1) MUD UP PRIOR TO TD TO PROTECT SHALLOW SANDS, (2) DV TOOL TO BE SET AT 100' BELOW BTW, & (3) COPY OF CBL NEEDS TO BE SUBMITTED TO THE TECHNICAL STAFF IMMEDIATELY. A COMPLETION ATTEMPT, IN CASES WHERE THE PROTECTION OF THE TREATABLE WATER IS QUESTIONABLE, IS STRICTLY PROHIBITED. RULE 165: 10-3-4 (D)(4)(C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| HYDRAULIC FRACTURING | [3/29/2021 - GB6] - OCC 165:10-3-10 REQUIRES: 1) NOTICE SHALL BE GIVEN AT LEAST 5 BUSINESS DAYS PRIOR TO COMMENCEMENT OF HYDRAULIC FRACTURING OPERATIONS ON A HORIZONTAL WELL TO OPERATORS PRODUCING WELLS WITHIN 1 MILE OF THE COMPLETION INTERVAL OF THE SUBJECT WELL. THE NOTICE TO SUCH OPERATORS SHALL CONTAIN THE INFORMATION IN FORM 6000NOO. IF THE HYDRAULIC FRACTURING OPERATIONS SCHEDULE CHANGES AFTER NOTICE HAS BEEN PROVIDED, RESULTING IN A DELAY OF OPERATIONS OF MORE THAN 5 DAYS FROM THE INITIAL NOTICE, NEW NOTICE IS REQUIRED TO BE GIVEN; 2) NOTICE WILL BE GIVEN TO THE OCC CENTRAL OFFICE AND THE LOCAL DISTRICT OFFICES AT LEAST 48 HOURS PRIOR TO HYDRAULIC FRACTURING OPERATIONS ON A WELL. FORM 6000NHF SHALL BE USED AND IS FOUND AT THIS LINK: OCCEWEB.COM/OG/OGFORMS.HTML; AND, 3) THE CHEMICAL DISCLOSURE OF HYDRAULIC FRACTURING INGREDIENTS FOR ALL WELLS IS TO BE REPORTED TO FRACFOCUS WITHIN 60 DAYS AFTER THE CONCLUSION OF HYDRAULIC FRACTURING OPERATIONS, USING THE FOLLOWING LINK: FRACFOCUS |
| SPACING - 63637      | 2/11/2020 - GB6 - (UNIT) 27-4S-2W<br>EST HEWITT HOXBAR UNIT FOR THE HXBR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |