

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000
REV. 2009

MJD 9.24.2012

FILE ORIGINAL ONLY

PLEASE TYPE OR USE BLACK INK

1. OTC/OCC OPERATOR NUMBER
21043

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)

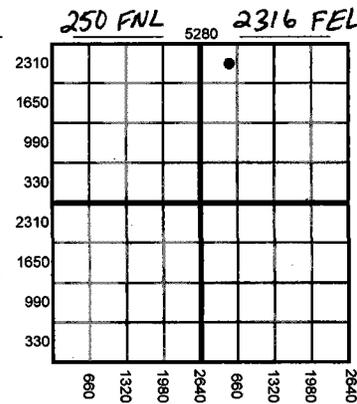
BATCH NUMBER (OCC USE ONLY)

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 HOLE
B. OIL/GAS INJECTION DISPOSAL WATER SUPPLY STRAT TEST SERVICE WELL

6. LOCATE WELL AND OUTLINE LEASE OR SPACING UNIT IN INK.



5. WELL LOCATION:

SECTION 16	TOWNSHIP 20N	RANGE 26W	COUNTY Ellis
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SPOT LOCATION: **N 2 1/4 | NW 1/4 | NW 1/4 | NE 1/4** FEET FROM QUARTER from SOUTH LINE from WEST LINE
SECTION LINES: **250 FNL 2316 FEL**

7. Well will be **250** feet from nearest unit or property boundary.

8. LEASE NAME: **Kelln 9 6H** WELL NUMBER:

9. NAME OF OPERATOR **Jones Energy, LTD.** EMAIL ADDRESS: **Sarbenowske@jonesenergy.com**
ADDRESS **807 Las Cimas Pkwy, Ste 350** PHONE (AC/NUMBER) **(512) 328-2953**
CITY **Austin** STATE **TEXAS** ZIP CODE **78746**

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

11. Is well located on lands under federal jurisdiction? Y N

12. Will a water well be drilled? Y N
Will surface water be used? Y N

13. Date Operation to Begin
10/4/2012

ADDRESS **Rt. 2 Box 98**

CITY **Shattuck** STATE **Oklahoma** ZIP CODE **73858**

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

1) Cleveland	7890	6)
2)		7)
3)		8)
4)		9)
5)		10)

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S): **122784, 640 Acres**

16. PENDING APPLICATION C.D. NO. **201205520, 201205521**

17. LOCATION EXCEPTION ORDER NO.

18. INCREASED DENSITY ORDER NO.

19. TOTAL DEPTH 12981	20. GROUND ELEV. 2386	21. BASE OF TREATABLE WATER 550	22. SURFACE CASING 600	23. ALT CASING PROG USED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
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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 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: **100,000** ppm; average: **8,000** ppm.

PIT #1 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. _____

26.1 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. Fr: _____

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. Solidification of pit contents.

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 *Sara Arbenowske* NAME (Print or Type) **Sara Arbenowske** PHONE (AC/NO.) **(512) 328-2953** FAX **(512) 328-5394** DATE **9/20/2012**

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.

WELL NAME # **Kelln 9 6H**

SEC **16** TOWNSHIP **20N** RANGE **26W**

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

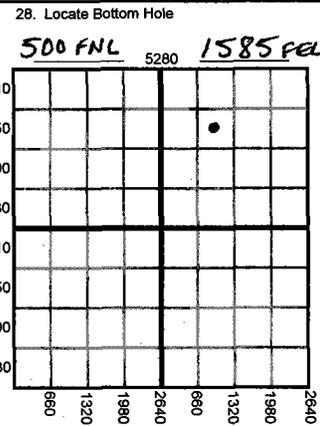
26.2 OCC USE ONLY A. CATEGORY 1A 1B 2 3 4 C Fm: _____
 B. PIT LOCATION: Alluvial Plain Terrace Deposit Bedrock Aquifer Other H.S.A. Non-H.S.A.
 C. Special area or field rule? _____ D. DEEP SCA? Y N E. CBL? Y N
 F. SOIL COMPACTED LINER REQUIRED? Y N G. 20 mil GEOMEMBRANE LINER REQUIRE? Y N

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
 SECTION LINES:
 Measured Total True Vertical BHL from nearest Lease, Unit, Or Property Line:
 Depth Depth
 30. Bottom Hole Location for Horizontal Hole: (LATERALS)

LATERAL #1: SEC 9 TWP 20N RGE 26W COUNTY Ellis
 SPOT LOCATION: S2 1/4 SE 1/4 NW 1/4 NE 1/4 FEET FROM QUARTER from SOUTH LINE from WEST LINE
 SECTION LINES: 500 FNL 1585 FEL
 Depth of Deviation Radius of Turn Direction Total Length
7131 933 52 4385
 Measured Total True Vertical End Point location from nearest lease, unit
 Depth 12981 Depth 8064 or property line: 500 FNL

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 True Vertical End Point location from nearest lease, unit
 Depth Depth 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 True Vertical End Point location from nearest lease, unit
 Depth Depth 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
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1. SURETY
 A. NONE filed.
 B. EXPIRED: Date 8-15-13
 C. OUTSTANDING CONTEMPT ORDER.

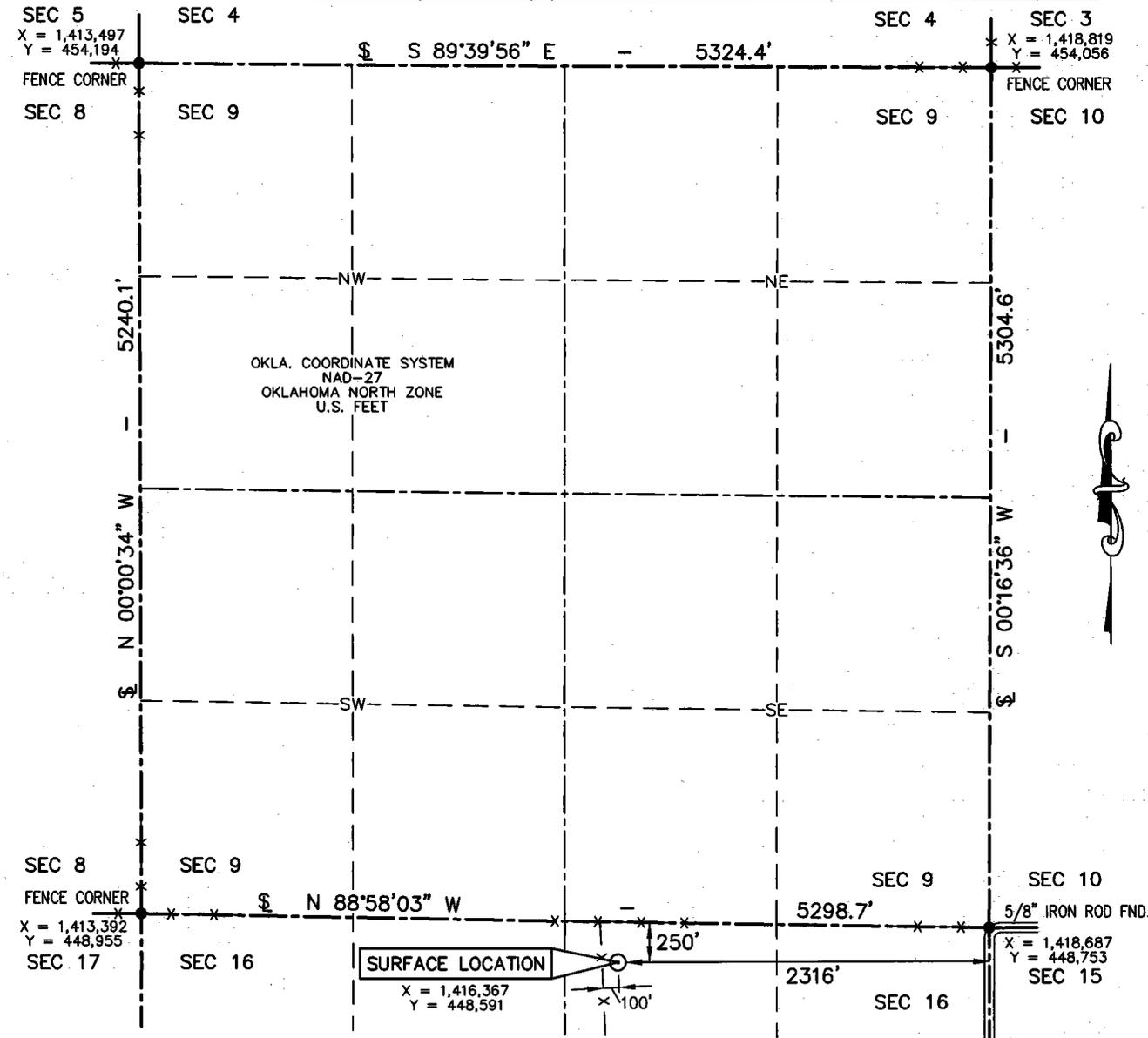
4. GEOLOGY

DO NOT WRITE INSIDE THIS BOX

Case: 00000000
 Cashier: MS
 Payor: JONES ENERGY LTD
 Check: 73412
 \$500.00
 45 Emerg Walk Thru LTD
 Date: 09/24/2012 Time: 14:01
 RECEIPT 1302040068
 OKLA CORP COMM

PROPOSED NEW WELL LOCATION PLAT

COMPANY JONES ENERGY, LTD LEASE KELLN 9 WELL NO. 6H
 SECTION 16 TOWNSHIP 20-N RANGE 26-WIM LOCATION 250' FNL 2316' FEL
 COUNTY ELLIS STATE OKLAHOMA TOPOGRAPHY AND VEGETATION PASTURE
 LATITUDE 36°12'57.7" LONGITUDE 99°58'42.9" NAD27 ELEVATION 2386' NGVD29 DATE STAKED 9/14/12
 DIRECTION FROM NEAREST TOWN APPROXIMATELY 6.5 MILES SOUTHWEST OF SHATTUCK, OKLAHOMA

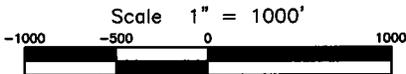


NOTE:

1. This plat is intended for Oklahoma Corporation Commission Permit purposes only and is NOT to be relied upon as a boundary survey and is NOT to be used to convey or establish real property interests.
2. Bearings and dimensions shown are based on Geodetic Azimuth and Ground distance. All X,Y coordinates are based on NAD27, Oklahoma North Zone, U.S. Feet.
3. X,Y Coordinates were derived from GPS RTK methods and are only accurate within +/- 10 feet.

THIS IS TO CERTIFY THAT THE ABOVE PLAT WAS PREPARED FROM FIELD NOTES OF ACTUAL SURVEYS MADE BY MYSELF OR OTHERS UNDER MY SUPERVISION AND THAT THE SAME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED: DATED: 9/18/12



APEX
SURVEYING & MAPPING, INC.
TEXAS * OKLAHOMA * KANSAS
8330 CANYON DRIVE
AMARILLO, TEXAS 79119
806-353-7231
Certificate of Authorization No. 3415, Exp. June 30, 2014

JONES
807 LAS CHAS PARKWAY
SUITE 350
AUSTIN, TEXAS 78748

FIELD:	KB,GPS
DRAWN:	MLS
DATE:	9/18/12
CHECKED:	JRD
REVISION:	

JOB NO. 212-389-1.1