

APPLICATION TO DRILL, RECOMPLETE OR REENTER

FORM 1000
REV. 2009

FILE ORIGINAL ONLY
PLEASE TYPE OR USE BLACK INK

1. OTC/OCC OPERATOR NUMBER
17710

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)

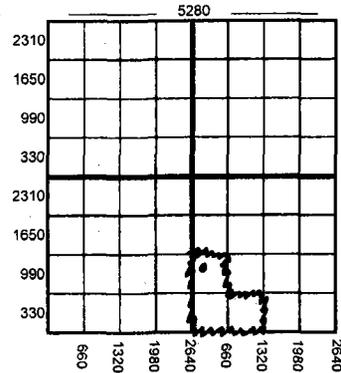
3. NOTICE OF INTENT TO: (CHECK ONLY ONE)
 DRILL RECOMPLETE REENTER DEEPEN AMEND - REASON
NOTE: ATTACH COPY OF 1002-A IF RECOMPLETION OR REENTRY.

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 22	TOWNSHIP 1S	RANGE 5W	COUNTY Stephens
SPOT LOCATION: NW 1/4 NW 1/4 SW 1/4 SE 1/4 FEET FROM QUARTER from SOUTH LINE from WEST LINE SECTION LINES: 1155 165			
7. Well will be 165 feet from nearest unit or property boundary.			
8. LEASE NAME: Wilson		WELL NUMBER: 20	
9. NAME OF OPERATOR Pruitt Operating Co., L.L.C. EMAIL ADDRESS:			
ADDRESS Route 1, Box 16		PHONE (AC/NUMBER) 580.856.3296	
CITY Ratliff City	STATE OK	ZIP CODE 73481	
10. SURFACE OWNER (ONE ONLY. ATTACH SHEET FOR ADDITIONAL OWNER S) Chris Hays			



ADDRESS P. O. Box 726	11. Is well located on lands under federal jurisdiction? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
CITY Velma STATE OK ZIP CODE 73491	12. Will a water well be drilled? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Will surface water be used? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
14. LIST TARGET FORMATIONS AND DEPTHS OF EACH BELOW (LIMITED TO TEN)	13. Date Operation to Begin

1) Permian 600'	6)
2)	7)
3)	8)
4)	9)
5)	10)

15. SPACING ORDER NUMBER(S) AND SIZE UNIT(S): **None**

16. PENDING APPLICATION C.D. NO **N/A** 17. LOCATION EXCEPTION ORDER NO. **N/A** 18. INCREASED DENSITY ORDER NO. **N/A**

19. TOTAL DEPTH **767'** 20. GROUND ELEV. **N/A** 21. BASE OF TREATABLE WATER **250'** 22. SURFACE CASING **None** 23. ALT CASING PROG USED? Y 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 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: **900** ppm, average: **700** 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
F. WELLHEAD PROTECTION AREA? Y N Off-Site Pit No. _____

26.1 OCC USE ONLY A. CATEGORY 1A 1B 2 3 4 C
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: **Provide CBL**

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 *Mike Garillo* NAME (Print or Type) **Mike Garillo** PHONE (AC/NO.) **580.856.3296** FAX **580.252.4414** DATE **12-14-13**

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.

22
 SEC
 1S
 TOWNSHIP
 5W
 RANGE
 #
 WILSON
 WELL NAME

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 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 _____ FEET FROM QUARTER SECTION LINES: 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 _____ FEET FROM QUARTER SECTION LINES: 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: SEC _____ TWP _____ RGE _____ COUNTY _____
 SPOT LOCATION: 1/4 _____ 1/4 _____ 1/4 _____ FEET FROM QUARTER SECTION LINES: 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: SEC _____ TWP _____ RGE _____ COUNTY _____
 SPOT LOCATION: 1/4 _____ 1/4 _____ 1/4 _____ FEET FROM QUARTER SECTION LINES: 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: _____

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
None Found			

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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JH _____ 1. SURETY
 A. NONE filed. 4-5-13
 B. EXPIRED: Date _____
 C. OUTSTANDING CONTEMPT ORDER. _____
 _____ 4. GEOLOGY _____

DO NOT WRITE INSIDE THIS BOX

Case: 0000000000
 Date: 02/19/2013
 Cashier: CSN
 Payer: PRUITT OPERATING CO
 Check: 1258
 \$175.00
 46 Intent to Drill
 RECEIPT 1304690066
 OKLA CORP COMM
 Time: 10:18

PRUITT OPERATING CO., L.L.C.

R.R. 1 BOX 16
RATLIFF CITY, OK 73481
Phone Number (580) 856-3296

(DATE) 02/14/2013

Oklahoma Corporation Commission
Oil & Gas Conservation Division
P.O. Box 52000
Oklahoma City, OK 73154-2000

RE: (WELL NAME) WILSON #20

Section 22	Township 1S	Range 5W		
NW 1/4	NW 1/4	SW 1/4	SE 1/4	
<u>STEPHENS</u> COUNTY				

Gentlemen:

This well has a planned total depth of approximately 767 feet. It is our opinion that the alternate casing method is most feasible as the well is so shallow. This method is also the most cost efficient for wells of this depth. The base of treatable water is 250 feet and will be protected by this casing program. The well will be drilled with water, so lost circulation should not be a problem. However, LCM will be kept on site and if circulation is lost, the OCC District Office will be immediately notified. Also, we will lift cement to surface and run a CBL as required. The drilling time will be approximately 18 hours.

Research of all wells in the nine-section area surrounding the proposed location found no instances of lost circulation.

Sincerely,



Mike Fiorillo
Pruitt Operating Company, L.L.C.