

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

API NUMBER: 075 21999

Approval Date: 11/24/2014  
Expiration Date: 05/24/2015

Straight Hole Oil & Gas

PERMIT TO DRILL

WELL LOCATION: Sec: 30 Twp: 6N Rge: 16W County: KIOWA  
SPOT LOCATION:  NE  SW  SE  SE FEET FROM QUARTER: FROM SOUTH FROM WEST  
SECTION LINES: 495 1950

Lease Name: FUCHS Well No: NC 1 Well will be 495 feet from nearest unit or lease boundary.  
Operator Name: NEOSHO OPERATING SERVICES LLC Telephone: 4174511645 OTC/OCC Number: 22958 0

NEOSHO OPERATING SERVICES LLC  
PO BOX 179  
NEOSHO, MO 64850-0179

B LESTER  
100 N BAILEY  
HOBART OK 73651

Formation(s) (Permit Valid for Listed Formations Only):

	Name	Depth	Name	Depth
1	ATOKAN	330	6	
2	HUNTON	525	7	
3			8	
4			9	
5			10	

Spacing Orders: No Spacing

Location Exception Orders:

Increased Density Orders:

Pending CD Numbers:

Special Orders:

Total Depth: 550 Ground Elevation: 678 **Surface Casing: 0** Depth to base of Treatable Water-Bearing FM: 40

**Cement will be circulated from Total Depth to the Ground Surface on the Production Casing String.**

Under Federal Jurisdiction: No Fresh Water Supply Well Drilled: No Surface Water used to Drill: No

PIT 1 INFORMATION

Type of Pit System: ON SITE  
Type of Mud System: AIR

Is depth to top of ground water greater than 10ft below base of pit? Y  
Within 1 mile of municipal water well? N  
Wellhead Protection Area? N

Pit is not located in a Hydrologically Sensitive Area.

Category of Pit: 4

Liner not required for Category: 4

Pit Location is NON HSA

Pit Location Formation: HENNESSEY

Mud System Change to Water-Based or Oil-Based Mud Requires an Amended Intent (Form 1000).

Approved Method for disposal of Drilling Fluids:

A. Evaporation/dewater and backfilling of reserve pit.

H. CBL REQUIRED

Notes:

This permit does not address the right of entry or settlement of surface damages.  
The duration of this permit is SIX MONTHS, except as otherwise provided by Rule 165: 10-3-1.  
Rule 165: 10-3-4 (c) (7) (e) - The Operator shall give 24 Hours notice by telephone to the appropriate District Office of the Conservation Division as to when Surface Casing will be run.

Category	Description
ALTERNATE CASING	11/24/2014 - G76 - APPROVED - 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)
FRAC FOCUS	11/24/2014 - G76 - THE REQUIREMENT FOR CHEMICAL DISCLOSURE OF HYDRAULIC FRACTURING INGREDIENTS WILL BE EXTENDED TO INCLUDE ALL NON-HORIZONTAL WELLS FOR HYDRAULIC FRACTURING OPERATIONS BEGINNING JANUARY 1, 2014. REFER TO OCC RULE 165:10-3-10 FOR COMPLIANCE REQUIREMENTS. PLEASE REPORT DIRECTLY TO FRACFOCUS USING THE FOLLOWING LINK <a href="http://fracfocus.org/">HTTP://FRACFOCUS.ORG/</a> OR FOR OCC ASSISTANCE CONTACT DENNIS NISKERN AT 405-522-2977 OR D.NISKERN@OCCEMAIL.COM
SPACING	11/24/2014 - G76 - FORMATIONS UNSPACED; 160-ACRE LEASE (SE4)

This permit does not address the right of entry or settlement of surface damages.  
The duration of this permit is SIX MONTHS, except as otherwise provided by Rule 165: 10-3-1.  
Rule 165: 10-3-4 (c) (7) (e) - The Operator shall give 24 Hours notice by telephone to the appropriate District Office of the Conservation Division as to when Surface Casing will be run.



API 075-21999

**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  
 F. WELLHEAD PROTECTION AREA?  Y  N Off-Site Pit No. \_\_\_\_\_

**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 REQUIRED  Y  N

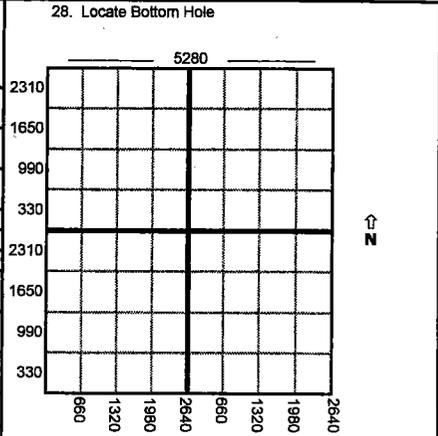
**29 Bottom Hole Location** SEC \_\_\_\_\_ TWP \_\_\_\_\_ RGE \_\_\_\_\_ COUNTY \_\_\_\_\_  
 for Directional Hole:  
 SPOT LOCATION: 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ FEET FROM QUARTER SECTION LINES: from SOUTH LINE \_\_\_\_\_ from WEST LINE \_\_\_\_\_  
 Measured Total Depth \_\_\_\_\_ True 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: \_\_\_\_\_



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			

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 <input checked="" type="checkbox"/>	REJECTED <input type="checkbox"/>	<b>OCC USE ONLY</b>	<b>OCC USE ONLY</b>
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1. SURETY  
 A. NONE filed.  
 B. EXPIRED: Date 1-25-15  
 C. OUTSTANDING CONTEMPT ORDER.

4. GEOLOGY

**DO NOT WRITE INSIDE THIS BOX**

Case: 000000000  
 Payer: NEDSHD OPERATING  
 Check: 10179  
 45 Energy Walk Thru ITD  
 Date: 11/29/2014  
 Receipt: 1503660012  
 Cashier: CSN  
 Time: 14:08  
 \$500.00