



**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

**PIT #2**

**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

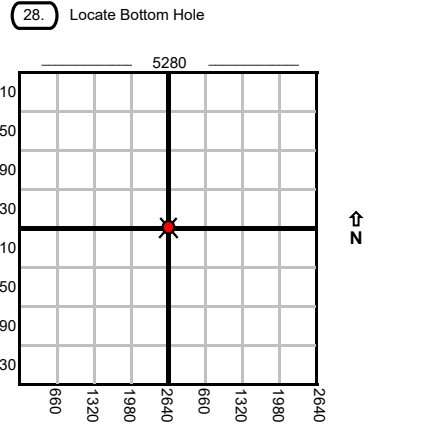
29. Bottom Hole Location for Directional Hole: SEC TWP RGE COUNTY  
 SPOT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM SECTION: FNL FSL FEL FWL  
 Measured Total Depth True Vertical Depth BHL from the nearest lease, unit, or property line:

30. Bottom Hole Location for Horizontal Well (LATERALS) -- Fill in the information on laterals below:

**LATERAL #1:** SEC TWP RGE COUNTY  
 SPOT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM SECTION: FNL FSL FEL FWL  
 Measured Total Depth True Vertical Depth  
 Total Length End Point location from nearest lease, unit or property line:

**LATERAL #2:** SEC TWP RGE COUNTY  
 SPOT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM SECTION: FNL FSL FEL FWL  
 Measured Total Depth True Vertical Depth  
 Total Length End Point location from nearest lease, unit or property line:

**LATERAL #3:** SEC TWP RGE COUNTY  
 SPOT LOCATION: 1/4 1/4 1/4 1/4 FEET FROM SECTION: FNL FSL FEL FWL  
 Measured Total Depth True Vertical Depth  
 Total Length 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 NOT penetrate any known lost circulation zones.  
 2. During the drilling of this well, withdrawals from any water well within 1/4 mile 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.

<b>SURETY:</b> APPROVED REVIEWER INITIALS REJECTED DATE REVIEWED	<b>INTENT TO DRILL CHECKLIST OCC USE ONLY</b> NONE FILED EXPIRED DATE: OUTSTANDING CONTEMPT ORDER NUMBER:	<b>GEOLOGY:</b> APPROVED REVIEWER INITIALS REJECTED DATE REVIEWED:
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**OCC FEE SCHEDULE EFFECTIVE 10 1 2018**

SELECT THE APPROPRIATE FEE	NORMAL	EXPEDITED	TEMPORARY
	OAC 165:5-3-1 (b)(1)(I)(i-iv)	OAC 165:5-3-1 (b)(1)(J)(i-iv)	OAC 165:5-3-1 (b)(1)(K)(i-iv)
<b>DIRECTIONAL WELL</b>	\$350	\$600	\$350
<b>VERTICAL WELL</b>	\$350	\$600	\$350
<b>HORIZONTAL WELL</b>	\$400	\$600	\$350
<b>MULTIUNIT WELL</b>	\$600	\$800	\$350

**RECEIPT NO. ↓**

**OKLAHOMA CITY MAILING ADDRESS:**  
 Oklahoma Corporation Commission  
 Attention: Central Processing  
 P.O. Box 52000  
 Oklahoma City, OK 73152-2000  
*(checks or money orders only)*

ADDITIONAL SURFACE OWNERS

10A SURFACE OWNER

ADDRESS

CITY

STATE

ZIP