DEPARTMENT of ENVIRONMENT and NATURAL RESOURCES
Minerals & Mining Program - Oil & Gas Section
2050 West Main, Suite #1, Rapid City, SD 57702-2493
Telephone: 605-394-2229, FAX: 605-394-5317

FORM 2

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DEPT OF ENVIRONMENT & NATURAL RESOURCES - RCRO

APPLICATION FOR PERMIT TO DRILL

Type of work:
☐ Drill New Well ☑ Reenter Well ☐ Drill Directional Well
☐ Other _____

Type of well:
☑ Oil Well ☐ Gas Well ☐ Injection
☐ Other _____

STATE OF SOUTH DAKOTA
STATE GEOLOGICAL SURVEY
WESTERN FIELD OFFICE

Name and Address of Operator: Continental Resources, Inc. P.O. Box 1032, Enid, OK 73702
Telephone: (580) 233-8955

Name and Address of Surface Owner: State of South Dakota

Name and Address of Drilling Contractor and Rig Number: J & R Well Service 791 Land 9, Powell, WY 82435, Rig #8

Surface Location of well: Qtr-Qtr, Sec, Twp, Rge, County, feet from nearest lines of section, and latitude and longitude (if available):
660' FSL & 760' FWL, Sec 16-21N-4E, SWSW

If Directional, top of pay and bottom hole location from nearest lines of section:
BHL 300' FNL & 1500' FEL, Sec 20-21N-4E, NENE, TOP 8570'

Acres in Spacing (Drilling) Unit: 7675.65

Description of Spacing Unit: Buffalo Red River Unit, ~~Order # 6-81~~

Well Name and Number	Elevation	Field and Pool, or Wildcat	Proposed Depth and Formation
BRRU 14-16H	3070' GL	Buffalo	11,100'MD, Red River "B"

Size of Hole	Size of Casing	Weight per Foot	Depth	Cementing Program (amount, type, additives)	Depth
1) 12 1/4"	8 5/8"	24#	900'	350 sks	
2) 7 7/8"	4 1/2"	11 1/2#	8586'	700 sks	
3)					
4)					

Describe Proposed Operations (Clearly State all Pertinent Details, and Give Pertinent Dates, Including Estimated Date of Starting any Proposed Work). Use additional page(s) if appropriate.

Re-enter well with rotary tools @ KOP of 8460'. Horizontal lateral will then be extended thru the currently producing Red River B formation to SW BHL of 300' FNL & 1500' FEL, Sec 20-21N-4E. Original drill pad will be used and no more land than what was previously disturbed in original approved drilling will be used. We will be using a closed circulating system with cuttings being hauled to a state approved facility. No pit liner will be used.

I hereby certify that the foregoing as to any work or operation performed is a true and correct report of such work or operation.

Signature	Name (Print)	Title	Date
Becky Barnes	Becky Barnes	Regulatory Comp	12/20/2007

FOR OFFICE USE ONLY

Approved By: _____ Title: Oil and Gas Supervisor

Permit No. 1853 API No. 40 063 05042.01 Date Issued: January 15, 2008

Conditions, if any, on attached page.