

Subunit A Office
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Uman Rd., Aztec, NM 87410

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form O-101
Revised 1-1-89
See Instructions
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator SCHALK DEVELOPMENT		Well API No.
Address P.O. Box 25825 Albuquerque, NM 87125		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	
Recompletion ☐	Casinghead Gas ☐ Condensate ☒	
Change in Operator ☐		
If change of operator give name and address of previous operator		

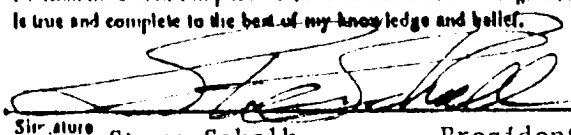
Lease Name Schalk 41		Well No. 1A	Pool Name, including Formation Blanco Mesa Verde	Lease No. NM23041
Location Unit Letter P , 790 Feet From The South Line and 790 Feet From The East Line Section 16 Township 25N Range 3W NM Rio Arriba County				

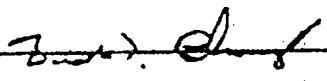
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Giant Refining		Address (Give address to which approved copy of this form is to be sent) P.O. Box 256 Farmington, NM 87499		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ EPNG		Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
If this production is commingled with that from any other lease or pool, give commingling order number		Is gas actually connected? When?		

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	All Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
Elevations (DF, RKB, RI, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Perforations				Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE			
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed trip allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
JUL 27 1990			

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Uble. Condensate MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Static-In)	Casing Pressure (Static-In)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Signature 	President
Printed Name Steve Schalk	
Date June 12, 1990	Telephone No. (505) 881-6649

OIL CON. DIV. DIST. 3	
Date Approved JUL 30 1990	
By 	
Title SUPERVISOR DISTRICT #3	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.