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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 Uvasos 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 COMPANY	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:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Operator ☐	Casinghead Gas ☐ Condensate ☒
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name SCHALK 41	Well No. 2A	Pool Name, including Formation Blanco Mesa Verde	Lease No. SF-080566-A
Location Unit Letter <u>E</u> : <u>1850</u> Feet From The <u>North</u> Line and <u>1190</u> Feet From The <u>West</u> Line Section <u>8</u> Township <u>25N</u> Range <u>3W</u> NMIM Rio Arriba County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Giant Refining ☐ or Condensate ☒	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 EPNG ☐ or Dry Gas ☒	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. Is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Recv	Alt Recv
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RND, RF, 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 top allowable for this depth or be for full 24 hours.)

Date First Flow Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Oil/Gas Ratio	Gravity of Condensate
Testing Method (pilot, 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 Steve Schalk
Steve Schalk, President

Printed Name June 12, 1990 Title (505) 881-6649

Date June 12, 1990 Telephone No. (505) 881-6649

OIL CONSERVATION DIVISION

Date Approved JUL 30 1990

By Supervisor

Title SUPERVISOR DISTRICT 13

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.