

OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division

Post Office Box 52000

Oklahoma City, Oklahoma 73152-2000

RECEIVED Form 1023  
Rev. 2007

MAR 09 2015

1. API No.	35-047-24974
2. OTC Prod. Unit No.	047-215271
3. Date of Application	3/3/2015

4. Application For (check one)

- ☒ A. Commingle Completion at the wellhead (165:10-3-39)  
☐ B. Commingle Completion at the surface (165:10-3-37)  
☐ C. Multiple (Dual) Completion (165:10-3-36)  
☐ D. Downhole Multiple Choke Assembly (165:10-3-37)

5. Operator Name	R.E. BLAIK, INC.	OTC/OCC No.	16832	Email	reblaik@coxinet.net
Address	1616 E. 19TH STREET SUITE 201			Phone No.	405-285-8000
City	EDMOND	State	OK	Zip	73013
6. Lease Name/Well No.	CLARENCE NO. 1-36			FAX No.	405-285-8003
Location within section:	1/4 SE 1/4 SW 1/4 SE 1/4	Sec. 36	Twp 21N	Rge 4W	County GARFIELD

8. The following facts are submitted:	UPPER ZONE	INTERMEDIATE ZONE	LOWER ZONE
A. Name of common source of supply	LAYTON		OSWEGO
B. Top and bottom of pay section (perforations)	5854-4866'		5208-5226'
C. Type of production (oil or gas)	OIL		OIL
D. Method of production (flowing or art. lift)	ART LIFT		ART LIFT
E. Latest test data by zone (oil, gas, and water)	15		10
F. Wellhead or bottom hole pressure	2200		2300
G. Spacing order number and size of unit	160AC / 549642		160AC / 549642
H. Increased density order number	N/A		N/A
I. Location exception order number and penalty	N/A		N/A

If 4A, 4B or 4D above, and size of the units under 8G above are not the same, have the different allocations been addressed?

☒ Yes ☐ No

9. List all operators with mailing addresses within 1/2 mile, producing from the above listed zones.
NONE

10. The operators listed above have been notified and furnished a copy of this application.

If no, an affidavit of mailing must be filed not later than five (5) days after submission of this application.

N/A ☒ Yes ☐ No

11. Classification of well (see OAC 165:10-13-2)

☒ Oil ☐ Gas

12. ATTACH THE FOLLOWING:

A. Correlation log section (porosity, resistivity, or gamma ray) with top and bottom of perforated intervals marked.

B. Diagrammatic sketch of the proposed completion of the well.

C. Plat showing the location of all wells within 1/2 mile producing from the zones listed above.

D. If 4B, 4C or 4D above, a Form 1024, Packer Setting Report, and a Form 1025 Packer Leakage Test.

E. If 4A, 4B or 4D above, and size of the units under 8G above are not the same, have the different allocations been addressed?

☒ Yes ☐ No

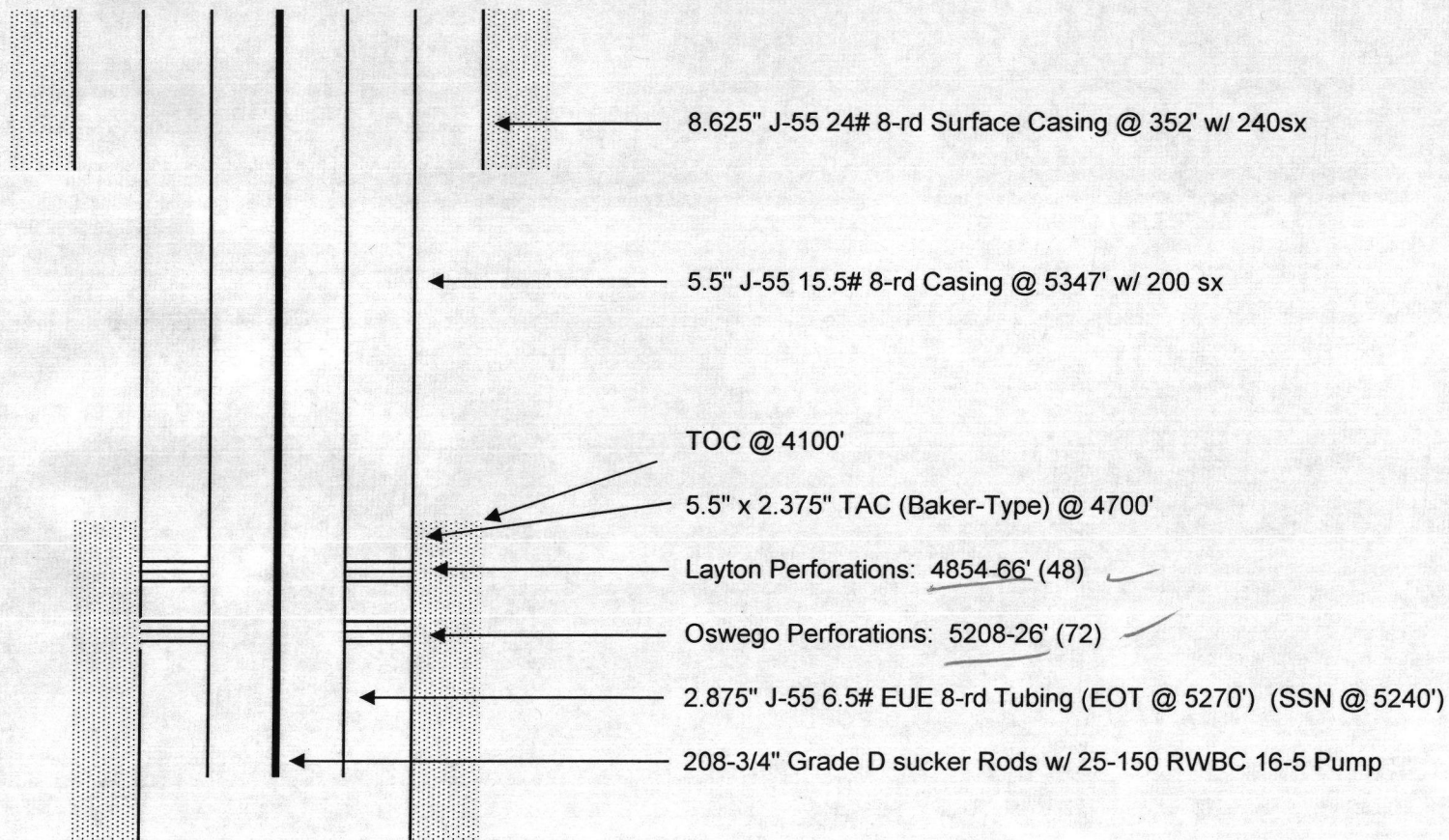
I hereby certify that I am authorized to submit this application which was prepared by me or under my supervision. The facts and proposals made herein are true correct and complete to the best of my knowledge and belief.

Signature \_\_\_\_\_ Title PRESIDENT Phone (AC/NO) 405-285-8000

OCC USE ONLY

Staff Signature	Phone No.	Date	Approved	Rejected
S.A.		3, 24, 15	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CLARENCE NO. 1-36  
WELL BORE SCHEMATIC  
SE/4, SECTION 36-T21N-R4W  
GARFIELD COUNTY, OKLAHOMA





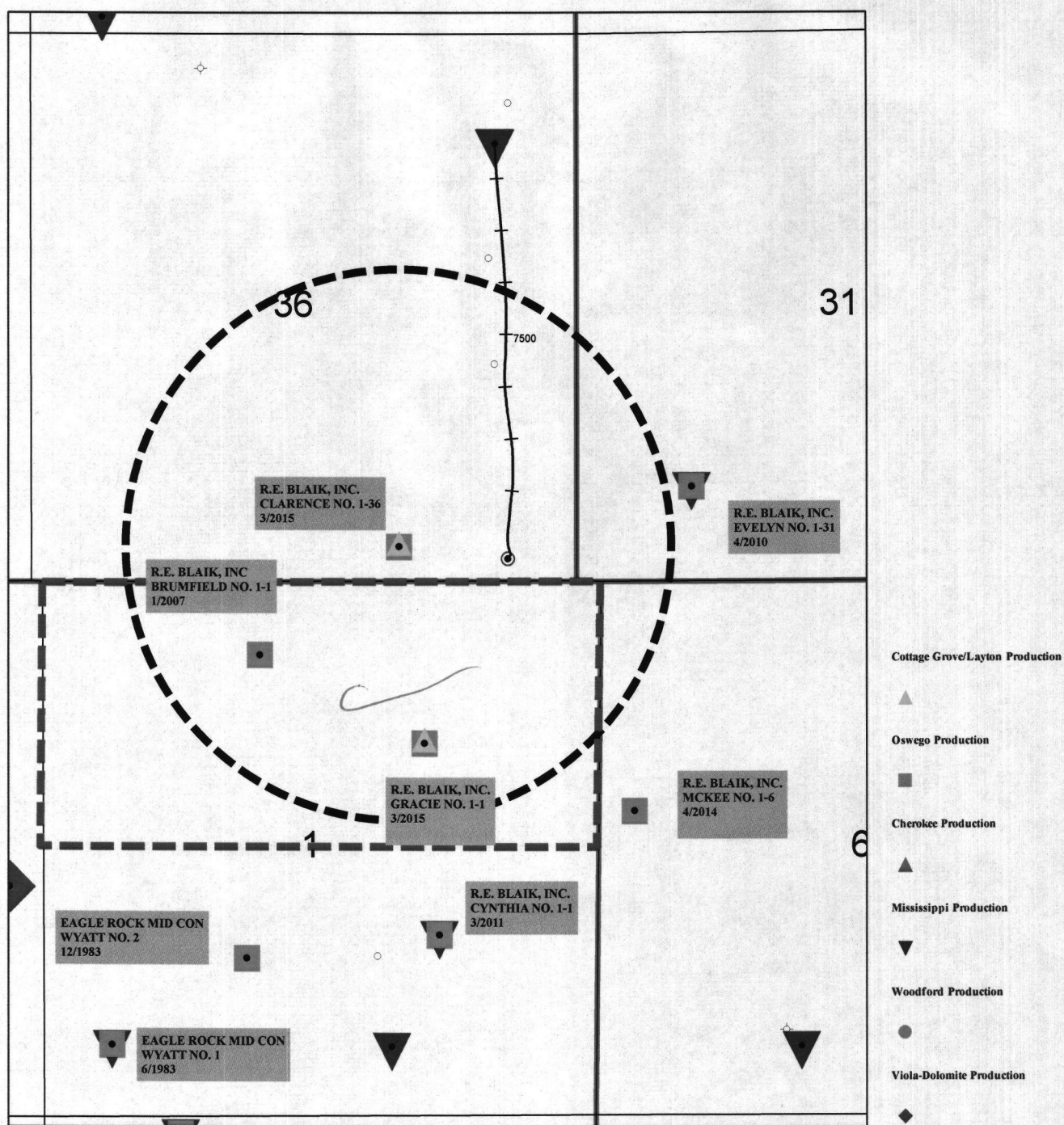


EXHIBIT FORM 1023	R.E. BLAIK, INC.
T20 & 21N-R3 & 4W GARFIELD COUNTY, OKLAHOMA	
RESERVOIR LIMIT 1/2 MILE RADIUS OPERATOR PRODUCING ZONE(S) COMPLETION DATE	
Date: 27 February, 2015	Geology & Geophysics: B. Blaik

CLARENCE 1-36  
BLAIK R E INC  
TWP: 21 N - Range: 4 W - Sec. 36  
Datum=1091.00

