## File Original Only **OKLAHOMA CORPORATION COMMISSION** Please Type or Use Black Ink Oil & Gas Conservation Division Post Office Box 52000 1. API No. Oklahoma City, Oklahoma 73152-2000 35-047-24899 A. Application For (cneck one) A. Commingle Completion in the properties (1943-39) B. Commingle Completion at the Surface (165:10-3-39) 2. OTC Prod. Unit No. 047-119998 3. Date of Application C. Multiple (Dual) Completion (165:10-3-36) 3/3/2015 D. Downhole Multiple Choke Assembly (165:10-3-37) 5. Operator Name OTC/OCC No. Email reblaik@coxinet.net R.E. BLAIK, INC. 16832 Phone No. Address 1616 E. 19TH STREET SUITE 201 405-285-8000 City State Zip **EDMOND** OK 73013 6. Lease Name/Well No. FAX No. 405-285-8003 **GRACIE NO. 1-1** Location County Twp Rge NE 1/4 1/4 SW 1/4 1/4 NE 20N 4W **GARFIELD** within section: The following facts are submitted: **UPPER** INTERMEDIATE LOWER ZONE ZONE ZONE Name of common source of supply **OSWEGO** LAYTON Top and bottom of pay section (perforations) 4871-4883 5215-5235 Type of production (oil or gas) OIL OIL Oklahoma Corporation Commission Method of production (flowing or art. lift) **ART LIFT** ART LIFT Oil & Gas Division Latest test data by zone (oil, gas, and water) pproved 8 10 Wellhead or bottom hole pressure 2300 2200 Spacing order number and size of unit 320AC / 526833 / 320AC \$526833L Increased density order number 625707 1 Location exception order number and penalty 632330 L 632330 If 4A, 4B or 4D above, and size of the units under 8G above are not the same, have the different allocations been addressed? X Yes 9. List all operators with mailing addresses within 1/2 mile, producing from the above listed zones. EAGLE ROCK MID CONTINENT 1717 S BOULDER, SUITE 100 **TULSA, OK 74119** 10. The operators listed above have been notifed and furnished a copy of this application. X Yes No If no, an affidavit of mailing must be filed not later than five (5) days after submission of this application. 11. Classification of well (see OAC 165:10-13-2) XOil 12. ATTACH THE FOLLOWING: Correlation log section (porosity, resistivity, or gamma ray) with top and bottom of perforated invervals marked. Diagrammatic sketch of the proposed completion of the well. Plat showing the location of all wells within 1/2 mile producing from the zones listed above. If 4B, 4C or 4D above, a Form 1024, Packer Setting Report, and a Form 1025 Packer Leakage Test. If 4A, 4B or 4D above, and size of the units under 8G above are not the same, have the different allocations been addressed? No X Yes 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. PRESIDENT 405-285-8000 Title

3,24,15 Approved

OCC USE ONLY

Staff Signature

Signature

Phone No.

GRACIE NO. 1-1
WELL BORE SCHEMATIC
NE/4, SECTION 1-T20N-R4W
GARFIELD COUNTY, OKLAHOMA







