

1. API No.
2. OTC Prod. Unit No.
3. Date of Application

4. Application For (check one)

- A. Commingle Completion in the Wellbore (165:10-3-39)
 B. Commingle Completion at the Surface (165:10-3-39)
 C. Multiple (Dual) Completion (165:10-3-36)
 D. Downhole Multiple Choke Assembly (165:10-3-37)

5. Operator Name		OTC/OCC No.	Email					
Address				Phone No.				
City		State		Zip				
6. Lease Name/Well No.				FAX No.				
Location within section:	1/4	1/4	1/4	1/4	Sec.	Twp	Rge	County

8. The following facts are submitted:	UPPER ZONE	INTERMEDIATE ZONE	LOWER ZONE
A. Name of common source of supply			
B. Top and bottom of pay section (perforations)			
C. Type of production (oil or gas)			
D. Method of production (flowing or art. lift)			
E. Latest test data by zone (oil, gas, and water)			
F. Wellhead or bottom hole pressure			
G. Spacing order number and size of unit			
H. Increased density order number			
I. Location exception order number and penalty			

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.		

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

Phone (AC/NO)

OCC USE ONLY

Staff Signature	Phone No.	Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
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