



Application For Canceled Underage
(165:10-13-10)(165:10-17-8)(165:10-17-.9.1)

TYPE OR USE BLACK INK

Operator		OTC/OCC Operator No.	
Address		Phone No.	
City	State	Zip	

Well Name and Number		API No.		OTC Prod. Unit No.	
Location within Sec.		Sec.	Twp.	Rge.	County

Oil Purchaser	Gas Measurer
---------------	--------------

Check Well Type	Gas	Unallocated	Special Allocated	Guymon-Hugoton	Allocated
	Oil	Discovery	Unallocated/Well	Unallocated/Lease	

Underage Proration Period		Net Allowable	Volume Produced	MCF or BBL Under
From	To			

Multiply Completed Wells Only

OCC Order No.	OTC Prod. Unit No.	2nd Formation
---------------	--------------------	---------------

Special Allocated and Guymon-Hugoton Gas Wells Only

Attach a list of all offset operators (with mailing address) producing from the same formation or common source of supply to whom you have notified by providing them with a copy of this application; attach waivers from offset operators.

Applicant's Signature _____

Date _____

Name & Title Typed or Printed _____

Phone No. _____

CONSERVATION DIVISION USE ONLY

APPLICATION IS:

APPROVED

DISAPPROVED

Amount of Reinstated Underage
(Less 15% of Current Oil Allowable)

Proration Period to
Produce Reinstated Underage

Gas	Oil
MCF	BBL

From	To

FOR THE DIRECTOR _____

DATE _____