Form 1021 Rev. 2020

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## **Hardship Well Application**

## THIS PERMIT APPLIES TO GAS WELLS ONLY

OAC 165:10-17-12(h)

Operator									OCC/OTC Oper. No.	
Address									Phone No.	
City						State		Zip		
Pipeline Co.					Phone No.			OCC/OTC No.		
Lease Name/No.						l				
Location within Sec.				Sec.		Twp.	Rge.		County	
OTC Prod. Unit No. API No.				Completion Date			Tot	al Depth		
Producing Zone(s)					Perfs.					
Commingled or Dually Completed: Yes			No	Order No.				Order Date		
Last Test										
Date	Gas MC				Oil/Cond.			Water Bbls/D		
			Production Histor	y (Cumı	ılative Da	ata) - Daily A	Average			
Last Month Days on line								1		1
Days on line	Gas MC			Oil/Cond.			Bbls/D	Water B		Bbls/D
Last 2 Months										
Days on line	Gas		MCF/D	Oil/Cond.			Bbls/D	ls/D Water		Bbls/D
Last 3 Months										
Days on line	Days on line Gas			O Oil/Cond.			Bbls/D	Bbls/D Water		Bbls/D
Production problems (D	iscuss any atte	empt to remed	dy condition.)	•				1		
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Has logoff production te	st been run on	this well?	Yes		No					
If no, discuss										1
If yes, the results										
Test Date Test Length						Number of Flow Rates				
Test Results (Enclose G	Graph or Chart	s)								
Minimum rate needed to	sustain produ	uction:		MCE	Bbls/wa	ter per MCF	at minimum ra	nte		
Were the pipeline comp	any and offset	operators aw	vare of the logoff tes	MCF st?		Yes	No			