

**Form 1022**  
**Application to flare or vent gas**  
**OAC 165:5-3-1(b)(1)(X); OAC 165:10-1-7(b)(64)**  
**PAYMENT REQUIRED**  
**\$50.00**

Operator				OCC/OTC No.		Application Type <input type="checkbox"/> Lease <input type="checkbox"/> Well	
Address					Phone		
City		State	Zip	Email			
Lease Name/No.					No. Wells on Lease		
API No.			OTC Prod Unit No.				
Location within Section 1/4      1/4      1/4      1/4		Sec.	Twp.	Rge.	County		
Producing Formation(s)							

**Last Test**

Date	Oil Bbls.	Water Bbls.	Gas MCF
Average Production Per Well	Oil Bbls.	Water Bbls.	Gas MCF

Is lease tied into pipeline system? <input type="checkbox"/> YES <input type="checkbox"/> NO
if yes, reason gas is not being purchased
Pipeline companies within 1 mile of lease
Alternatives to venting or flaring?
Estimated cost to lay line to compressor or trunk line
Estimated length of time to payout system, if constructed
Has gas purchasing contract been discussed? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, status of negotiation

Estimated amount to be vented or flared (MCF/day)	Projected Start Date	No. days applied for
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**NOTE: Gas must be flared if 100 PPM hydrogen sulfide is present.**

<b>TECHNICAL DEPARTMENT USE ONLY</b>
Recommendations

Approved Volume \_\_\_\_\_ MCF/day      Approved for \_\_\_\_\_ days

Order NO. \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Approved By \_\_\_\_\_      Date: \_\_\_\_\_