

Form 1023

Application for multiple completion, multichoke assembly or commingle completion

OAC 165:5-3-1(b)(1)(Y); OAC 165:10-1-7(b)(66)

INSTRUCTIONS

PAYMENT REQUIRED

1. Required Payment: \$50.00
2. Correlation log section (porosity, resistivity, or gamma ray) with top and bottom of perforated intervals marked.
3. Diagrammatic sketch of the proposed completion of the well.
4. Plat showing the location of all wells within 1/2 mile producing from the zones listed above.
5. If 1B, 1C or 1D below, a Form 1024, Packer Setting Report, and a Form 1025 Packer Leakage Test.
6. If 1A, 1B or 1D below, and size of the units under 13G below are not the same, how is the royalty being distributed? Please explain below:
7. If one zone is predominantly gas and one zone is predominantly oil, attach an official letter stating that no cross flow or any damage to the reservoir will occur.

1. Application For: (Please Check One)	A-Commingle Completion in Wellbore (OAC 165:10-3-39)		B-Commingle Completion at the Surface (OAC 165:10-3-39)						
	C-Multiple (Dual) Completion (OAC 165:10-3-36)		D-DOWNHOLE Multiple Choke Assembly (OAC 165:10-3-37(a)(3))						
2.API NO.	OTC PROD. UNIT NO.		4.DATE OF APPLICATION						
5.OPERATOR NAME	6.OTC/OCC NO.		7.EMAIL						
8. ADDRESS			9. PHONE NUMBER						
CITY		STATE	ZIP						
10.LEASE NAME/ WELL NO.			11. FAX NO.						
12. LOCATION WITHIN SEC.	1/4	1/4	1/4	1/4	SEC.	TWP.	RGE.	COUNTY	
13. SUBMIT THE FOLLOWING FACTS:					UPPER ZONE		INTERMEDIATE ZONE		LOWER ZONE
A. Name of the common sources(s) of supply									
B. Top and bottom of the perforated intervals									
C. Type of production (oil and/or gas)									
D. Method of productions (flowing or artificial lift)									
E. Latest test information by zone (oil, gas, and water data)									
F. Wellhead or bottom hole pressure (optional)									
G. Spacing order number and size of unit (if size of units are different, see below)									
H. Increased density order number									
I. Location exception order number and penalty									
14. List all operators with mailing addresses within 1/2 mile, producing from the above listed zones									

15. 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.

16. Classification of well (see OAC 165:10-13-2) ☐ OIL (if GOR is less than 15MCF) ☐ GAS (if GOR is more than 15MCF) "GOR is the gas-to-oil ratio"

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 ☐ APPROVED ☐ REJECTED