

OKLAHOMA CORPORATION COMMISSION

Oil & Gas Conservation Division
Post Office Box 52000
Oklahoma City, Oklahoma 73152-2000

Form 1021
Rev. 2001

Hardship Well Application

OAC 165:10-17-12h

THIS PERMIT APPLIES TO GAS WELLS ONLY

Operator		OCC/OTC Oper. No.
Address		Phone No.
City	State	Zip
Pipeline Co.	Phone No.	OCC/OTC No.

Lease Name/No.				
Location within Sec.	Sec.	Twp.	Rge.	County
OTC Prod. Unit No.	API No.	Completion Date	Total Depth	
Producing Zone(s)		Perfs.		
Commingled or Dually Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Order No. _____ Order Date _____				

Last Test				
Date	Gas	MCF/D	Oil/Cond.	Bbls/D
				Water
				Bbls/D

Production History (Cumulative Data) - Daily Average

Last Month				
Days on line	Gas	MCF/D	Oil/Cond.	Bbls/D
				Water
				Bbls/D

Last 2 Months				
Days on line	Gas	MCF/D	Oil/Cond.	Bbls/D
				Water
				Bbls/D

Last 3 Months				
Days on line	Gas	MCF/D	Oil/Cond.	Bbls/D
				Water
				Bbls/D

Production problems (Discuss any attempt to remedy condition.)				

Has logoff production test been run on this well? Yes No

If no, discuss

If yes, the results

Test Date	Test Length	Number of Flow Rates
Test Results (Enclose Graph or Charts)		

Minimum rate needed to sustain production:	MCF	Bbls/water per MCF at minimum rate
Were the pipeline company and offset operators aware of the logoff test? <input type="checkbox"/> Yes <input type="checkbox"/> No		

over

ADDITIONAL DATA REQUIRED

- A. Proof of notification of application to pipeline company and to offset operators.
- B. A map showing all wells within a one mile radius, color coded as to the producing formations, subsea depths and net pay thickness of the producing interval(s) named in the application.
- C. Daily production curve for past year showing pressure, days shut in, fluid production, etc.

Signature

Date

Name (Typed or Printed)

Title (Typed or Printed)

..... **FOR COMMISSION USE ONLY**

Recommendations:

Staff

	Date
	Date
	Date

C.D. No.
Order No.
Order Expires