



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 - Fee refunds are prohibited under OAC 165:5-3-1(a)(2)-(3)**

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) C-Multiple (Dual) Completion (OAC 165:10-3-36)	B-Commingle Completion at the Surface (OAC 165:10-3-39) 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
<b>13. SUBMIT THE FOLLOWING FACTS:</b>		
	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. If "no" an affidavit of mailing must be filed not later than five (5) days after submission of this application. <input type="checkbox"/> YES <input type="checkbox"/> NO
16. Classification of well (see OAC 165:10-13-2) <input type="checkbox"/> OIL (if GOR is less than 15MCF) <input type="checkbox"/> 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.

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Signature Title Phone (AC/NO)

**OCC USE ONLY**

Staff Signature	Phone No.	Date	<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED
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