

OKLAHOMA CORPORATION COMMISSION

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

Form 1013
Rev. 2003

**Reservoir Dewatering Project (OAC 165:)
Excessive Water Exemption Affidavit (OAC 165:10-15-17)
Reservoir Dewatering Oil Spacing Unit (OAC 165:10-15-18)**

INSTRUCTIONS:

1. Type or print using black ink.
2. Use a separate form for each well tested. Attach Form 1030,1002A or 1535 depending on type of application.
3. List water, gas and oil produced each for seven consecutive days.
4. The effective date of the allowable shall be when the Division accepts the test, but cannot be before a filing date.
5. Disposal of salt water in violation of OCC rules is subject to contempt proceedings.

Operator		E-mail Address		OCC No.	
Address				Phone No.	
City	State	Zip		FAX No.	
Well Name/No.		API No.		OTC Prod. Unit No.	
Project Name		Project Order No.		Date of 1st Prod.	
SHL: Location within Sec.		Sec.	Twp.	Rge.	County
BHL: Location within Sec.		Sec.	Twp.	Rge.	County
Formations/Perforations					
Oil Purchaser/No.		Gas Measurer/No.			

No. Project Wells (List on Reverse) _____ Is production metered together? Yes No

<input type="checkbox"/> Pumping	Choke/Pump Size	Saltwater Disposal Method	Authorizing Order
<input type="checkbox"/> Flowing			

TEST	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	TOTAL
DATE								
OIL								
GAS								
WATER								

Project well list (for additional wells attach additional sheet)

API NO.	WELL NAME/NO.	LOCATION SEC-TWP-RGE	FORMATION	DATE OF 1ST PROD.

FALSIFICATION OF THIS REPORT IS SUBJECT TO PENALTY, O.S.L. 1933.

The operator has given twenty-four (24) hour notice of the opportunity to witness said initial test to the Conservation Division and the offset operator producing from the same formation. No waiver or signature of Conservation Division personnel is required (OAC 10-15-17-(a)). Return receipt of mailing is acceptable in lieu of offset operator's signature.

Applicant Signature _____ Title _____ Date _____

CORPORATION COMMISSION REPRESENTATIVE

OFFSET OPERATOR

Name & Title (Print or Type) _____ Name & Title (Print or Type) _____

Date _____ Date _____