

1. API No.
2. OTC Prod. Unit No.
3. Date of Application

Application for Multiple-Zone Well Completion Production of a Well through a Multiple Choke Assembly and Commingling of Well Production

4. Application For (check one)

A. Commingle Completion in the Wellbore (165:10-3-39)
 B. Commingle Completion at the Surface (165:10-3-39)
 C. Multiple (Dual) Completion (165:10-3-36)
 D. Downhole Multiple Choke Assembly (165:10-3-37)

5. Operator Name		OTC/OCC No.	Email	
Address:				Phone No.
City		State		Zip
6. Lease Name/Well No.				FAX No.
Location within section:	1/4	1/4	1/4	1/4
Sec.	Twp.	Rge	County	

8. The following facts are submitted:	UPPER ZONE	INTERMEDIATE ZONE	LOWER ZONE
A. Name of the common source(s) of supply			
B. Top and bottom of the perforated intervals			
C. Type of production (oil and/or gas)			
D. Method of production (flowing or artificial lift)			
E. Latest test informaion 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 12F below)			
H. Increased density order number			
I. Location exception order number and penalty			

9. List all operators with mailing addresses within 1/2 mile, producing from the above listed zones.

10. 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. Yes No

11. Classification of well (see OAC 165:10-13-2) Oil (if GOR is less than 15 MCF) Gas (if GOR is more than 15 MCF) ◀ (the 'GOR' is the 'gas-to-oil ratio')

12. ATTACH THE FOLLOWING:

A. Payment of \$50 Application Fee.
 B. Correlation log section (porosity, resistivity, or gamma ray) with top and bottom of perforated intervals marked.
 C. Diagrammatic sketch of the proposed completion of the well.
 D. Plat showing the location of all wells within 1/2 mile producing from the zones listed above.
 E. If 4B, 4C or 4D above, a Form 1024, Packer Setting Report, and a Form 1025 Packer Leakage Test.
 F. If 4A, 4B or 4D above, and size of the units under 8G above are not the same, have the different allocations been addressed? Yes No
 G. 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.

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	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
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OCC FEE SCHEDULE EFFECTIVE 10-1-2018

OAC 165:5-3-1(b)(1)(X)

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\$50 ← **Pay this amount when submitting this form to the OCC.**

OKLAHOMA CITY MAILING ADDRESS:
Oklahoma Corporation Commission
Attention: Central Processing
P.O. Box 52000
Oklahoma City, OK 73152-2000
(checks or money orders only)

HAND-DELIVERY STREET ADDRESS:
The Jim Thorpe Office Building
(Take to the Cashier on the First Floor)
2101 N. Lincoln Blvd.
Oklahoma City, OK 73105
(cash, checks or money orders only)

**Send questions about payments to:
OCCRevenue@occemail.com**

↓ RECEIPT NO. ↓