

THIS PERMIT APPLIES TO GAS WELLS ONLY

Hardship Well Application
OAC 165:10-17-12(h)

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.	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
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Production History (Cumulative Data) - Daily Average

Last Month

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

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

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