



Form 1022
Application to flare or vent gas
OAC 165:5-3-1(b)(1)(X); OAC 165:10-1-7(b)(64)
PAYMENT REQUIRED
\$50.00

Operator		OCC/OTC No.	Application Type <input type="checkbox"/> Lease <input type="checkbox"/> Well	
Address			Phone	
City		State	Zip	
Lease Name/No.			No. Wells on Lease	
API No.		OTC Prod Unit No.		
Location within Section	1/4	1/4	1/4	1/4
Sec.	Twp.	Rge.	County	
Producing Formation(s)				

Last Test				
Date	Oil	Water	Gas	
	Bbls.	Bbls.	MCF	
Average Production Per Well	Oil	Water	Gas	
	Bbls.	Bbls.	MCF	

Is lease tied into pipeline system? YES NO

if yes, reason gas is not being purchased

Pipeline companies within 1 mile of lease

Alternatives to venting or flaring?

Estimated cost to lay line to compressor or trunk line

Estimated length of time to payout system, if constructed

Has gas purchasing contract been discussed? YES NO

If yes, status of negotiation

Estimated amount to be vented or flared (MCF/day)	Projected Start Date	No. days applied for
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NOTE: Gas must be flared if 100 PPM hydrogen sulfide is present.

TECHNICAL DEPARTMENT USE ONLY
Recommendations

Approved Volume _____ MCF/day Approved for _____ days

Order NO. _____ Expiration Date: _____

Approved By _____ Date: _____