



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

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