



Texas General Land Office
 Commissioner Dawn Buckingham, M.D.
 1700 North Congress Avenue
 Austin, Texas 78711-2873

GLO USE ONLY
MF- _____
UNIT _____

APPLICATION FOR POOLING UNLEASED COUNTY ROAD

◆Roads Crossing County Lines Require Separate Application, Bonus, and Fees◆

COUNTY _____
 (List only one county)

BONUS PAID TO COUNTY: \$ _____
 (County will send receipt of payment)

PROCESSING FEE: \$500.00 Payable to: Commissioner of Texas General Land Office

APPLICANT INFORMATION

Name: _____ Phone: _____

Mailing Address: _____

Representative: _____ Phone: _____

Is County Road on Relinquishment Act Lands? YES NO

Name of County Road Being Pooled: _____

Total County Road Acres in Unit: _____ Highest Bonus Per Acre Paid in Unit: \$ _____

County Royalty: _____ Name of Proposed Unit: _____

Operator of Proposed Unit: _____ Operator TAX ID # _____

COUNTY ROAD TO BE POOLED		
Road Name	Royalty	County Road Acreage in Unit

Existing State/County Leases in Unit						
Road Name	State Lease Number (MF)	Lease Date	Lease Term	Lease Royalty	Total Lease Acreage	Lease Acreage in Unit

Total County Acreage in Unit _____ Ac.
 Total Private Acreage in Unit _____ Ac.
 Total Acreage in Proposed Unit _____ Ac.

County Mineral Ownership: 100% Other (If other, attach sheet showing net acreage/tract calculations)

Total County Tract Participation in Unit (Co. Ac./Unit Ac.= Decimal Int.): _____

Total County Royalty Participation in Unit (Co. Roy. Decimal X Tr. Part. Int. = Co. Roy.): _____

Effective Date of Pooling Agreement: _____ Date of First Production (if applicable): _____

Participation from Date of First Production: Yes No/Explain: _____

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Minerals to be Pooled: Oil Gas Oil & Gas

Depths to be Pooled: The pooled mineral shall extend to those depths underlying the surface boundaries of the pooled unit from _____

To _____

List the well name, type of log and API# if the depths of pool interval are a correlative equivalent from a specific well log: _____

OR

Provide a copy of the proposed Designation of Unit and highlight the depth interval to be pooled as shown in said Designation.

◆ Attach a plat showing the proposed unit outline, proposed unit well location, state lease numbers (MF#) of any other state leases within the unit outline ◆

UNIT WELL(S)

Proposed Spud Date: _____

Actual Spud Date(s): _____

Proposed Total Depth (TVD): _____

Primary Formation Objective: _____

Actual Total Depth(s) (TVD): _____

Completion Date: _____ Date of First Production: _____

District: _____ RRC ID# _____

API #: _____ API #: _____

API #: _____ API #: _____

API #: _____ API #: _____

Well Name(s): _____