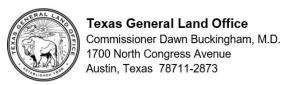


APPLICATION FOR PSA INCLUSIVE OF STATE LEASES AND/OR UNITS

APPLICANT INFORMATION									
Company Name:									
Mailing Address:									
Representative:				_ Phone: Emai					
Operator of Proposed Agreement:									
Allocation Well Name(s), if known:									
Effective Date of Agreement:									
STATE LEASE(S) SUBJECT TO PSA									
	State	ite Lease							
		Number		ase Date	Lease	Lease	Depths Held		
71	(MF)				Term	Acreage			
For Additional Listings, please submit a spreadsheet in a similar format.									
Tot Additional Listings, piease submit à spréausileet in à similar format.									
STATE UNIT(S) SUBJECT TO PSA (if applicable)									
GLO					State Total				
Unit Name		Unit		Effective	Unitized Interval			Acreage	Acreage
Officivan	iiC	Number		Date	Official anterval			in Unit	in Unit
		Number						III OIIIL	III OIIIL
If the PSA includes a Pooling Agreement approved by the GLO/SLB, will one or more allocation wells									
be used to satisfy any part of the drilling obligation for a unit? Yes No									
Described Desir of Allegation?									
Requested Basis of Allocation ² :									
Unit Sharing Well (length of lateral on each tract divided by total productive drainhole length)									
Unit Line Well (330' box method)									
Other - Please Specify:									

¹ Use abbreviations: Relinquishment Act Land (RAL), State Fee (SF), Free Royalty (FR), Unleased Riverbed (UR), Highway Right-of-Way (HROW), Unleased Highway Right-of-Way (UHROW), Communitized Free Royalty (COML)

 $^{^2}$ See definitions of "Unit Sharing Well" and "Unit Line Well" in Paragraph 3 of the GLO's Production Sharing Agreement



DEVELOPMENT PLAN								
Proposed Total Number of Allocation Wells:								
Targeted Formation(s)/Field(s):								
ALLOCATION WELL INFORMATION								
Submit a Plat for each for each well, accompanied by RRC Form W-1, W-2, or G-2 (if available)								
Well Information (Check one): Proposed As-Drilled								
Spud Date:								
Completion Date:								
Well Name:								
API Number:								
RRC District: Permit/Lease ID:								
Total Depth (TVD):								
Lateral Length (FTP to LTP):								
Non Ferr Zone(3). Tes No in yes, provide length in feet and indicate location on plat								
Well Information (Check one): Proposed As-Drilled								
Spud Date:								
Completion Date:								
Well Name:								
API Number:								
RRC District: Permit/Lease ID:								
Total Depth (TVD):								
Lateral Length (FTP to LTP):								
Well Information (Check one): Proposed As-Drilled								
Spud Date:								
Completion Date:								
Well Name:								
API Number:								
RRC District: Permit/Lease ID:								
Total Depth (TVD):								
Lateral Length (FTP to LTP):								
Non-Perf Zone(s): Yes No If yes, provide length in feet and indicate location on plat								
For Additional Listings, please submit a spreadsheet in a similar format.								
Is this application for an agreement specific to an individual well only? Yes								
Provide a legal description of the sharing area:								

Please provide any explanatory notes or additional items to be considered in a cover letter accompanying the completed application, \$500.00 processing fee, and PSA exhibits (if available).