



Shut-In Affidavit

Texas General Land Office
Commissioner Dawn Buckingham, M.D.
1700 North Congress Avenue
Austin, Texas 78701-1495

*Please respond fully to all applicable questions on this affidavit. Shut-in status may be denied for failure to provide information establishing the validity of this request for shut-in status. For a shut-in lease contained within a unit; **separate affidavits must be submitted for each state lease within the unit.***

State Lease No. MF		Operator	
Lease Name		Field Name	
Area	Tract	Part	Acres
Section	Block	Survey	County
State's NRI in Lease:			
Unit Name (if applicable)		State's Unit NRI (if applicable)	
Total Shut-In Due:		Explain how payment was calculated:	
SHUT-IN PAYMENTS		Wells must be capable of producing in paying quantities. TAC, Title 31, Part 1, Chapter 9, Subchapter C, Rule 9.36, (e). Affidavit required.	

Reason for Shut-In – Be Specific—(Add page as needed)

Explain when and how shut-in is expected to be resolved (Add page as needed)

Add Pages as need for additional wells.

WELL INFORMATION			
OIL	GAS	Well Name:	API: RRC: Dist#-Lease#
Produced in Past: Yes No	Completion Date:		Shut-In Date:
Provide average daily production rate. Define basis for production report (prior or current) from monthly production report or well test data.			
Basis for production report of average: Well Test Monthly Average RRC Well Test			
GAS	mcf/d	OIL	WATER bbls/d

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List all producing wells in the same Railroad Commission designated field and Reservoir within 1,000 feet of this lease. If there are wells more than 1,000 feet from the lease, draining the lease, list these also.

Operator	Lease Name & Well #	API	RRC: Dist#-Lease#
RRC Field & Reservoir Name:		RRC Field Code:	
Distance	Completion Interval	Status	

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RRC Field & Reservoir Name:		RRC Field Code:	
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Operator	Lease Name & Well #	API	RRC: Dist#-Lease#
RRC Field & Reservoir Name:		RRC Field Code:	
Distance	Completion Interval	Status	

Contact for Shut-in: _____
 _____ Operator's Representative
 Phone: _____ Email: _____
 Mailing Address: _____

I certify that this statement is true and correct.

Signature: _____ **Print Name:** _____

Title: _____

Sworn and subscribed to before me, the undersigned authority this _____ day of _____, 20____.

Notary Public in and for
 _____ **County, State of** _____

Revised 7/18/2025