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

APPLICATION FOR PSA INCLUSIVE OF STATE LEASES AND/OR UNITS

APPLICANT INFORMATION
Company Name: _____
Mailing Address: _____
Representative: _____ Phone: _____
Email: _____
Operator of Proposed Agreement: _____
Allocation Well Name(s), if known: _____
Effective Date of Agreement: _____ County: _____

STATE LEASE(S) SUBJECT TO PSA					
Land Type[1]	State Lease Number (MF)	Lease Date	Lease Term	Lease Acreage	Depths Held
For Additional Listings, please submit a spreadsheet in a similar format.					

STATE UNIT(S) SUBJECT TO PSA (if applicable)					
Unit Name	GLO Unit Number	Effective Date	Unitized Interval	State Acreage in Unit	Total Acreage in Unit
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 ☐					

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

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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-Perf Zone(s): Yes☐ No ☐ If yes, provide length in feet and indicate location on plat

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Spud Date: _____
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Well Name: _____
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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: attach an additional page if needed.

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).