



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:	_____

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 Allocation²:

- 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

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

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 No

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).