



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

**APPLICATION FOR POOLING STATE LEASES**

APPLICANT INFORMATION	
Company Name: _____	Phone: _____
Mailing Address: _____	
Representative: _____	Phone: _____
Name of Proposed Unit: _____	
Operator of Proposed Unit: _____	Effective Date: _____
Operator TAX ID # _____	County: _____

STATE LEASE(S) IN UNIT							
Land Type <sup>1</sup>	State Lease Number (MF)	Lease Date	Lease Term	State Royalty	Total Lease Acreage	Lease Acreage in Unit <sup>2</sup>	Lessee of Record

PRIVATE LEASE(S) IN UNIT							
Description	Lease Date	Lease Term	Lease Royalty	Total Lease Acreage	Acreage in Unit	Lessee of Record	

**For Additional Lease Listings, please submit a spreadsheet in a similar format.**

Total State Acreage in Unit \_\_\_\_\_ Ac.  
 Total Private Acreage in Unit \_\_\_\_\_ Ac.  
 Total Acreage in Proposed Unit \_\_\_\_\_ Ac.

Total State Royalty Participation in Unit: \_\_\_\_\_

Basis of Participation:                      Surface Acreage                      Other: \_\_\_\_\_

Participation from Date of First Production:                      YES                      NO/Explain:

**Notes:**

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. If any RAL tracts include unleased undivided interests, please make note of the number of acres of unleased interest on the tract. May be put on a separate spreadsheet. If providing a spreadsheet with multiple MF information, please total the undivided interest for each MF. Only separate the information if providing unleased undivided net acre information.

Type of Proposed Unit:	Pooling	Temporary Pooling _____ mos. <sup>3</sup>
Attach a plat showing the proposed unit outline, proposed unit well location, all nearby wells, state lease numbers, and updated ownership of surrounding leases.		
Minerals to be Pooled:	Oil	Gas      Both
Pooled Interval:	All	Top _____ Base _____
If top and base listed depths are from: _____		
Depths (TVD) from Unit Well Log: _____		
Depths (TVD) from Well Log Nearby <sup>4</sup> : _____		
Formation to be Pooled: _____		
RRC Field(s): _____		
Statewide Spacing		RRC Special Rules/Spacing _____ Acres
Analogous Production <sup>5</sup> : _____		
Explain why the proposed unit is in the State's best interest:		

Submit subsurface data, such as structure and/or isopach maps with the unit outline on each one, cross-sections, type log, seismic, etc.

<u>UNIT WELL</u>	
Proposed Spud Date: _____	Actual Spud Date: _____
Proposed Total Depth (TVD): _____	Actual Total Depth (TVD): _____
Completion Date: _____	Completion Interval <sup>6</sup> : _____
Well Name <sup>7</sup> : _____	Lateral Length (FTP-LTP): _____
API #: _____	RRC ID#: _____

Primary Objective:
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**Notes:**

3. If a temporary unit, please indicate term (number of months) requested.
4. Give well name, API number, type of log, distance and direction from unit.
5. Include field name, field rules, well drainage area, distance and direction from proposed unit, cumulative production.
6. Include W-2 or G-1. (If available)
7. Include W-1. (If available)