APPLICATION FOR PRODUCTION SHARING AGREEMENT

To allow horizontal wells to cross lease lines

Date: MM/DD/YYY _____

Please TYPE or print LEGIBLY

	Company Name & Address		Contact Person
APPLICANT/ OPERATOR:	_____	Attn:	_____
	_____	Phone:	_____
	_____	Email	_____

Well Name & #: _____

API #: _____

Before issuance of an Agreement, the following <u>must</u> be received by University Lands:

1. This completed application and payment

2. Hard copy Plat showing
- outline of proposed unit that clearly identifies
  1) Well name & #
  2) API #
  3) Lease borders involved
  4) University lease numbers
  5) Block & section numbers
  6) Proposed unit well location
  7) Tract numbers that match Exhibit A (see page 3 of application)

3. If a PSA is being requested to cross University Lands [UL] lease(s) and non-UL Lease(s), we also require a copy of the non-UL lease contract(s)

PSA Application Fee: **$ 500.00**

Make check payable to: THE UNIVERSITY OF TEXAS SYSTEM

Mail to: University Lands   Contact: Land Department
PO Box 553   (432) 684-4404
Midland   TX   79702-0553

For University Lands Land Department Use Only

AGREEMENT No. & NAME: _____

☐ *Approved* ☐ *Not Approved*   *Name & Date:* _____

University Lands PSA Application   Date: Well Name:
                                                                    API:

Estimated spud date: _____   Estimated completion date: _____

Depths   (☐ Proposed ☐ Actual):   True Vertical Depth: _____ feet   Measured Depth: _____ feet

Formation: _____   Stratigraphic equivalent, top: _____ ft bottom: _____ ft

Location of Well (Legal description):

Who will sign the contract? _____
                   Title: _____

Type of Company (e.g. Delaware Corp, Texas Corp,
Limited Liability Partnership, etc.): _____

Applicant represents that the information presented in this application is true and correct and acknowledges that this information will be relied upon to make decisions affecting the Permanent University Fund's oil and gas assets. If any information presented herein changes before the state executes any agreement resulting from this application, applicant acknowledges its duty to inform University Lands' staff of such changes in writing as soon as possible.

Company Rep's Signature: _____   Date: _____

Subject Leases – Use this format

Tract 1 = SHL and last Tract = BHL
Include Non-University Land Leases if they will also be crossed

Tract #	UL Lease #	Lease Status	Royalty Rate *(Percentage)*	Lease Description *(portion of Section #, Block #, any depth restrictions, University Land Survey, County(ies), Texas)*	Lessee(s) Of Record	Date	Recorded Info
1			Oil: Gas:				
2			Oil: Gas:				
			Oil: Gas:				
			Oil: Gas:				
			Oil: Gas:				

as of Oct 5, 2018