



THE UNIVERSITY OF TEXAS SYSTEM

University Lands

APPLICATION TO POOL/UNITIZE LEASES

UNIT NO. _____ (for University Lands use only)

Date: _____

Please TYPE or print LEGIBLY

Company Name & Address

Contact Person

APPLICANT/
OPERATOR: _____

Attn: _____

Phone: _____

Email: _____

Type of Unit Requested: Pooled Drilling & Development Secondary Recovery Tertiary

Recommended Name of Proposed Unit: _____

Unit name shall begin with your company name, then "University," then is usually followed by block/section identifier or other identifier

Before issuance of an Agreement, the following must be received by University Lands:

1. Completed application and payment of attached invoice.
2. Hard copy "Exhibit A" table using this format & providing this information. Be prepared to email a Word version when requested. *(If any lands are non-University, private fee lands, indicate "Private" in place of University Lease #.)*

University Lease #	Lease Date	Lease Status	Royalty Rate <i>(Percentage)</i>	Lease Description <i>(portion of Section #, Block #, any depth restrictions, University Land Survey, County(ies), Texas)</i>	Acres In Lease	Acres In Unit	Lessee(s) Of Record
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3. Letter confirming that all parties owning a working interest are knowledgeable of the intent to unitize and will ratify the unit agreement.
4. Hard copy Plat showing outline of proposed unit that clearly identifies the leases involved, University lease numbers, block & section numbers, proposed unit well location(s), all wells (with their productive depths/intervals listed) located within the proposed unit and the surrounding leases, and the current ownership of surrounding leases. Be prepared to email a Word version when requested.
5. RRC Form W-1, W-2, or G-1, if applicable.
6. Maps, geologic and/or seismic, (structure, isopach, productive limits, etc.). *(Seismic information retained by University Lands Staff will be held confidential as permitted under the laws of the State of Texas)*
7. Geologic tops and other data for significant wells in the area.
8. Hard copy, full scale type log with the top and base of the formations clearly identified.
9. Cross-sections, as appropriate.
10. Completion and production data for wells drilled in the general area of the unit.
11. Analog field and special field rules, where applicable.
12. Other pertinent data, as needed.

Have any questions about this application or unitizing? Call (432) 684-4404 and ask to speak to a Landman.

Total acreage in proposed unit: _____ Basis of participation: Surface

Total University acreage in proposed unit: _____ Other (describe):

Total private acreage in proposed unit: _____

Net University Royalty (%): _____ Participation from date of first production? Yes No, please explain:

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

Provided Log Identification:

Operator: _____ Well name & number: _____

Well Location (include distances): _____

API: _____

Proposed well location(s):

Development Timeline:

Justification for unitizing:

(include an explanation of why the proposed unit is in University Lands' best interest)

Are there time constraints? No Yes (provide a detailed description explaining the reason and what the timing needs to be)

RRC Field: _____ Established RRC rules? Yes No

Spacing: _____ acres Between wells: _____ feet / _____ feet Proration Unit Size: _____

Status of exploration/development of University Leases: Primary Term Held by Production Held by Contract

Which University Lands lease form number(s) apply? _____

PROPOSED UNIT WELL

Well Type(s): Horizontal only Vertical only Horizontal and Vertical

Total # of Wells Planned: _____ Initial Well Name: _____

Location of Initial Well (Legal description):

Proposed Completion Interval:

Depths (Proposed Actual):

Horizontal Wells

Vertical Wells

True Vertical Depth: _____ feet

Total Depth: _____ feet

Measured Depth: _____ feet

Estimated spud date: _____ completion date: _____

Primary objective and/or proposed completion zone:

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: _____

For University Lands Use Only

UL Land Staff Recommendation: Approved Not Approved Initials & Date: _____

Approved by Executive Director, University Lands _____ Date: _____

Unit Application Fee Invoice

Company: _____ Attn: _____
_____ Phone: _____
_____ Email _____

Unit Application Fee: \$ 500.00

Please include this invoice with your payment and application.

Make check payable to: THE UNIVERSITY OF TEXAS SYSTEM

Mail to: University Lands
PO Box 553
Midland TX 79702-0553

Contact: James Holtzclaw
(432) 684-4404