



APPLICATION FOR PRODUCTION SHARING AGREEMENT

To allow horizontal wells to cross lease lines

Date: _____

Please TYPE or print LEGIBLY

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

Well Name & #: _____

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

1. This completed application and payment
2. Letter confirming that all parties owning a working interest are knowledgeable of the intent to drill across lease lines and will ratify the agreement.
3. Hard copy Plat showing outline of proposed unit that clearly identifies the leases involved, University lease numbers, block & section numbers, proposed unit well location, all wells (with their productive depths/intervals listed) located within the leases involved. Be prepared to email a JPG version when requested.
4. If a PSA is being requested to cross University Lands lease(s) and private fee lease(s), we also require a copy of the private fee lease contract(s)

PSA Application Fee: \$ 500.00

Make check payable to: THE UNIVERSITY OF TEXAS SYSTEM

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

Contact: Land Department
(432) 684-4404

**University Lands PSA
Application**

Date: _____

Well Name: _____

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):

Contract Signatory's Name: _____ 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: _____

For University Lands Land Department Use Only

AGREEMENT No. & NAME: _____

Approved Not Approved

Name & Date: _____

Subject Leases

UL Lease #	Lease Status	Royalty Rate (Percentage)	Lease Description <i>(portion of Section #, Block #, any depth restrictions, University Land Survey, County(ies), Texas)</i>	Acres In Lease	Acres In PSA	Lessee(s) Of Record	Date	Recorded Info