APPLICATION FOR MULTIPLE COMPLETION

1. Field Name

2. RRC District

3. Operator

4. County

5. Lease Name(s) and RRC Lease Number(s)

6. Well Number

7. Are the reservoirs herein requested to be used for ____ completion presently recognized by the Commission as separate reservoirs as the result of prior applications for permission to multiply complete? ____ (yes or no). If answer to this question is "NO", ALL OPERATORS IN THE FIELD MUST BE FURNISHED A COPY OF THIS APPLICATION.

8. Identify one instance (operator, lease, well number) wherein the Commission granted a multiple completion including these same zones in this field.

9. MULTIPLE COMPLETION DATA

<table>
<thead>
<tr>
<th>DUAL COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st (Upper) Zone</td>
</tr>
</tbody>
</table>

(a) RRC Alphabetic Code Designation (Multiple Well Completion Designation—See Instructions on reverse side.)

(b) Name of Reservoir (If reservoir name is shown on proration schedule, use that name.)

(c) Type of Production (oil or gas) (If used for injection, state type fluid injected.)

(d) Depth to Top of Pay Section (ft.)

(e) Depth to Bottom of Pay Section (ft.)

(f) Producing Intervals(s) (top to bottom)

10. The following supporting evidence is attached: (Please answer YES or NO.)

   (a) Electrical Log with tops and bottoms of producing zones and perforated intervals shown and marked
   (b) Packer Setting Report and/or Cementing Report
   (c) Communication or Packer Leakage Test (with Recorder Charts) 
   (d) Sketch of Multiple Completion Installation

11. List below or on an attached sheet ALL OFFSET OPERATORS to the lease on which this well is located together with their correct mailing address.

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   (a) Attach Letters of Waiver from Offset Operators, OR
   (b) Furnish each Offset Operator with a completed copy of this form and give date furnished. 

   ____________________________________________________________

(APPLICANTS MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE HEREOF.)
12. Is this a regular location with respect to all zones? (yes or no)

13. If the answer to Item 12 is "NO", has a Rule 37 Hearing been held on zones affected by such rule? (yes or no)

State the Rule 37 Case Number.

14. Is the fluid produced from any of these zones conducive to corrosion to the extent that any resulting corrosion will damage tubing or casing?

15. Remarks:

I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that data and facts stated therein are true, correct, and complete, to the best of my knowledge.

Date
Operator
Street Address or P.O. Box
City, State Zip Code

Signature
Name of Person (type or print)
Title of Person
Telephone: Area Code

--- INSTRUCTIONS ---

1. File the original and one copy of this form in the Railroad Commission District Office with the following REQUIRED ATTACHMENTS:
   (a) Packer Setting Report (Form W-5) where applicable and/or Cementing Report (Form W-15).
   (b) Communication or Packer Leakage Test (Form W-6).
   (c) Sketch of Multiple Completion Installation (Form W-4A).
   (d) Letters of Waiver from offset operators, or evidence that notice of the application to multicomplete was given to said operators.
   (e) Electrical Log showing subsurface location of the separate reservoirs claimed.

2. The required attachments in (a), (b), and (c) above shall be filed in duplicate.
3. This form may be used for a dual, triple, or quadruple completion. If more than four zones are involved, use this form and add an attached sheet.
4. If any completion is to be used for injection, separate permission to inject must be obtained from the Commission.
5. For Item 9 (a), the following Multiple Well Completion Designation shall be used.

<table>
<thead>
<tr>
<th>RRC ALPHABETIC CODE DESIGNATION</th>
<th>FORMERLY USED DESIGNATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.</td>
<td>T</td>
</tr>
<tr>
<td>T.</td>
<td>LT or UC</td>
</tr>
<tr>
<td>L.</td>
<td>MT or MC</td>
</tr>
<tr>
<td>M.</td>
<td>UMT or UMC</td>
</tr>
<tr>
<td>P.</td>
<td>LMT or LMC</td>
</tr>
<tr>
<td>Q.</td>
<td>S-1-C, S-1 or W or W-C</td>
</tr>
<tr>
<td>D.</td>
<td>S-1-T or W-T</td>
</tr>
<tr>
<td>E.</td>
<td>S-2-C, S-2 or X or X-C</td>
</tr>
<tr>
<td>F.</td>
<td>S-2-T or X-T</td>
</tr>
<tr>
<td>G.</td>
<td>S-3-C, S-3 or Y or Y-C</td>
</tr>
<tr>
<td>H.</td>
<td>S-3-T or Y-T</td>
</tr>
<tr>
<td>I.</td>
<td>S-4-C, S-4 or Z or Z-C</td>
</tr>
<tr>
<td>J.</td>
<td>S-4-T or Z-T</td>
</tr>
<tr>
<td>K.</td>
<td>S-5-C or S-S</td>
</tr>
<tr>
<td>N.</td>
<td>S-5-T</td>
</tr>
<tr>
<td>O.</td>
<td></td>
</tr>
</tbody>
</table>