**RAILROAD COMMISSION OF TEXAS**

**REQUEST FOR PERMISSION TO SUBDIVIDE OR CONSOLIDATE OIL LEASE(S)**

**Oil and Gas Division**

PO Box 12967
Austin TX 78711-2967

www.rrc.state.tx.us

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**1. Receiving Operator name, exactly as shown on P-5 Organization Report**

**2. Operator P-5 no.**

**3. RRC district no.**

**4. County**

**5. Purpose of Filing:**

- Consolidation
- Subdivision

**6. Operator address including city, state, and zip code**

**7. Field name exactly as shown on proration schedule**

**8. Are any of the leases being subdivided or consolidated currently overproduced or in violation of statewide rules? (check one)**

- No
- Yes

**9. Lease to be subdivided or leases to be consolidated. List lease names and well numbers exactly as listed on current Commission Oil Proration Schedule.**

<table>
<thead>
<tr>
<th>LEASE NAME</th>
<th>LEASE NUMBER</th>
<th>LEASE ACRES</th>
<th>WELL NUMBERS (e.g.: 1, 2, 3-U, 3-L, 4, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(3)</td>
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</tbody>
</table>

**10. Lease(s) resulting from subdivision or after consolidation (how the leases/wells are to be listed on the Commission Oil Proration Schedule). For well number changes, give both old and new number; if there is no well number change, show the number under “old”.

<table>
<thead>
<tr>
<th>LEASE NAME</th>
<th>LEASE NUMBER</th>
<th>LEASE ACRES</th>
<th>WELL NUMBERS</th>
<th>API NUMBER 42-</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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</table>

**11. Is the ownership, working interest, and the royalty interest for all leases listed in Items 9 or 10 identical? (check one)**

- No
- Yes (See instruction D)

**12. Is the acreage listed for the resulting leases in Item 10 contiguous? (Check one)**

- No
- Yes (See instruction F)

**OPERATOR CERTIFICATION:** I certify that I am authorized to make this request, that it was prepared by me or under my supervision and direction, and that the data and facts stated herein are true, correct, and complete to the best of my knowledge.

Signature: ____________________________  Date: ______________

Name (print or type): ____________________________  Title: ______________

Phone number (with area code): ____________________________  E-mail address (optional): ____________________________