1. OPERATOR NAME, exactly as shown on P-5, Organization Report

4. OPERATOR ADDRESS, including city, state, and zip code

7. METHOD OF RECOVERY BEING USED
   - [ ] waterflood
   - [ ] alkaline (caustic) flooding
   - [ ] cyclic steam injection
   - [ ] immiscible CO₂ displacement
   - [ ] polymer augmented waterflooding
   - [ ] other (specify)

12. FLUID(S) BEING INJECTED
   - [ ] brackish water
   - [ ] saltwater
   - [ ] fresh water
   - [ ] natural gas
   - [ ] polymer
   - [ ] nitrogen
   - [ ] other (specify)

16. LEASE INFORMATION
    LEASE NAME, exactly as on Proration Schedule

   RRC LEASE NO. | NO. OF ACTIVE WELLS | Does any well on lease have downhole commingling exception? If YES, list well no., date of exception, and fields commingled.

<table>
<thead>
<tr>
<th>INJECTION</th>
<th>PRODUCING</th>
</tr>
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<tbody>
<tr>
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17. ATTACHMENTS
    CHECKLIST
    - [ ] project and lease production and injection graphs with supporting data. See Inst. No. 2b
    - [ ] project plot. See Inst. No. 2a
    - [ ] others as necessary. See Inst. No. 2c,d

I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this application, 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 ________________________________ Title ________________________________

Name (print or type) ________________________________ Date ___________ Phone ( )

RRC USE ONLY

CERTIFICATION APPLICATION
   [ ] APPROVED WITH CERTIFICATION DATE OF
   [ ] DENIED
   [ ] HEARING REQUIRED
   [ ] LACKING
   TECHNICAL EXAMINER: ________________________________
   ACTION DATE: ________________________________