

Please identify any/all associated off lease drill site contracts. List the contract number (if known) or well name and API.

Please identify any/all associated salt water disposal well contracts. List the contract number (if known) or well name and API.

Please identify any/all associated frac pit contracts. List the contract number (preferred, if known) or project name.

Please identify any/all other associated commercial surface contracts. List the contract number (preferred, if known) or project name.

Please identify any/all associated road easements. List the easement number (preferred, if known) or road name.

Please identify any/all associated pipeline easements. List the easement number (preferred, if known) or project name.

Please identify any/all associated powerline easements. List the easement number (preferred, if known) or project name.

Please identify any/all telecommunications/fiber optic line easements. List the easement number (preferred, if known) or project name.

Revised 3/2020

Attach this completed application form, with your shapefile and PDF plat, in one email addressed to ULRW@utsystem.edu.
PleaseCC the area field rep.

APPLICATION FOR FRESH WATER FRAC PIT CONTRACT

| Application Date: | Effective Date of Contract:(Always 1st day of the Month) |
|---|---|
| | (Always 1st day of the Month) |
| Lessee (Company Name) on Co | ontract: |
| Lessee Contact Person: | |
| Lessee Address: | |
| Lessee City, State, Zip: | |
| Mail executed contract to this ac | ddress? Yes: No, call when ready for pickup: |
| No, email | when ready for pickup: No, mail to third party:* |
| Lessee E-Mail: | |
| Lessee Telephone #: | Lessee Cell #: |
| Size in Acres: | Lease Use: |
| County: | Block: Section: |
| Comments: | |
| Site approved by University L | ands Field Representative: Yes: No: |
| University Lands Field Rep Na | ame: Date: |
| ESRI GIS shapefiles (.sl PDF plat. On easement | urvey files to this application form: np, .shx, .dbf, & .prj) plats, provide centerline description. DO NOT define easement width or ent" on the plat. On commercial lease plats, provide metes & bounds |
| PLEASE PAY UPON RECEIPT *Third Party: | OF INVOICE ENCLOSED WITH AGREEMENT. |
| Company Name: | |
| | |
| IVIAII EXECUTED CONTRACT TO | |
| Contact #: | Email: |