

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

READ INSTRUCTIONS ON BACK

P-6
5/02
WWW-1

1. Receiving Operator name, exactly as shown on P-5 Organization Report	2. Operator P-5 no.	3. RRC district no.	5. Purpose of Filing:	
		4. County	<input type="checkbox"/>	Consolidation
			<input type="checkbox"/>	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) <input type="checkbox"/> No <input type="checkbox"/> 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.				
LEASE NAME	LEASE NUMBER	LEASE ACRES	WELL NUMBERS (e.g.: 1, 2, 3-U, 3-L, 4, etc.)	
(1)				
(2)				
(3)				
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".				
LEASE NAME	LEASE NUMBER	LEASE ACRES	WELL NUMBERS	API NUMBER 42-
			Old New	
(1)				
(2)				
(3)				
11. Is the ownership, working interest, and the royalty interest for all leases listed in Items 9 or 10 identical? (check one) <input type="checkbox"/> No <input type="checkbox"/> Yes (See instruction D)				
12. Is the acreage listed for the resulting leases in Item 10 contiguous? (Check one) <input type="checkbox"/> No <input type="checkbox"/> Yes (See instruction F)			RRC USE ONLY	
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.			Reviewer's initials: _____ Approval date: _____	
Signature _____ Name (print or type) _____ Phone number (with area code) _____		Date _____ Title _____ E-mail address (optional) _____		

**CERTIFICATE OF COMPLIANCE
AND TRANSPORTATION AUTHORITY**

P-4

5/02—WWW-1

READ INSTRUCTIONS ON BACK

1. Field name exactly as shown on proration schedule		2. Lease name as shown on proration schedule					
3. Current operator name exactly as shown on P-5 Organization Report		4. Operator P-5 no.	5. Oil Lse/Gas ID no.	6. County	7. RRC district		
8. Operator address including city, state, and zip code		9. Well no(s) (see instruction E)					
		10. Classification <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (see instruction A)			11. Effective Date		
<div>12. Purpose of Filing. (Complete section a or b below.) (See instructions B and G)</div> <div>a. Change of: <input type="checkbox"/> operator <input type="checkbox"/> oil or condensate gatherer <input type="checkbox"/> gas gatherer <input type="checkbox"/> gas purchaser <input type="checkbox"/> gas purchaser system code <input type="checkbox"/> field name from: _____ <input type="checkbox"/> lease name from: _____</div> <div>OR</div> <div>b. New RRC Number for: <input type="checkbox"/> oil lease <input type="checkbox"/> gas well Due to: <input type="checkbox"/> new completion or recompletion <input type="checkbox"/> reclass oil to gas <input type="checkbox"/> reclass gas to oil <input type="checkbox"/> other well (specify) _____ <input type="checkbox"/> consolidation, unitization, or subdivision (oil lease only)</div>							
13. Authorized GAS WELL GAS or CASINGHEAD GAS Gatherer(s) and/or Purchaser(s). (See instruction G).							
Gatherer	Purchaser	Name of GAS WELL GAS or CASINGHEAD GAS Gatherer(s) or Purchaser(s) As Indicated in Columns to the Left (Attach an additional sheet in same format if more space is needed)			Purchaser's RRC Assigned System Code	Percent of Take	Full-well stream
14. Authorized OIL or CONDENSATE Gatherer(s). (See instruction G).							
Name of OIL or CONDENSATE Gatherer(s) - List Highest Volume Gatherer First (Attach an additional sheet in same format if more space is needed)					Percent of Take	RRC USE ONLY Reviewer's initials: _____ Approval date: _____	
<div>15. PREVIOUS OPERATOR CERTIFICATION FOR CHANGE OF OPERATOR P-4 FILING. Being the PREVIOUS OPERATOR, I certify that operating responsibility for the well(s) designated in this filing, located on the subject lease has been transferred in its entirety to the above named Current Operator. I understand, as Previous Operator, that designation of the above named operator as Current Operator is not effective until this certificate is approved by the Commission.</div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><div style="margin-bottom: 10px;">Name of Previous Operator _____</div><div style="margin-bottom: 10px;">Name (print) _____</div><div style="margin-bottom: 10px;">Title _____</div></div><div style="width: 45%;"><div style="margin-bottom: 10px;">Signature _____</div><div style="margin-bottom: 10px;"><input type="checkbox"/> Authorized Employee of previous operator <input type="checkbox"/> Authorized agent of previous operator (see instruction G)</div><div style="margin-bottom: 10px;">Date _____</div><div>Phone with area code _____</div></div></div>							
<div>16. CURRENT OPERATOR CERTIFICATION. By signing this certificate as the Current Operator, I certify that all statements on this form are true and correct and I acknowledge responsibility for the regulatory compliance of the subject lease including plugging of well(s) pursuant to Rule 14. I further acknowledge that I assume responsibility for the physical operation, control, and proper plugging of each well designated in this filing. I also acknowledge that I will remain designated as the Current Operator until a new certificate designating a new Current Operator is approved by the Commission.</div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><div style="margin-bottom: 10px;">Name (print) _____</div><div style="margin-bottom: 10px;">Title _____</div><div style="margin-bottom: 10px;">E-mail Address (optional) _____</div></div><div style="width: 45%;"><div style="margin-bottom: 10px;">Signature _____</div><div style="margin-bottom: 10px;"><input type="checkbox"/> Authorized Employee of current operator <input type="checkbox"/> Authorized agent of current operator (see instruction G)</div><div style="margin-bottom: 10px;">Date _____</div><div>Phone with area code _____</div></div></div>							