

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

P-6

5/02
 WWW-1

READ INSTRUCTIONS ON BACK

| | | | | |
|--|---------------------|--|---|----------------------------|
| 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: <input type="checkbox"/> Consolidation <input type="checkbox"/> Subdivision | |
| | | 4. County | | |
| 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: _____ |
| Signature _____ | | | | Approval date: _____ |
| Date _____ | | | | |
| Name (print or type) _____ | | | | |
| Title _____ | | | | |
| Phone number (with area code) _____ | | | | |
| E-mail address (optional) _____ | | | | |