## RAILROAD COMMISSION OF TEXAS ADMINISTRATION DIVISION CENTRAL RECORDS DEPARTMENT REQUEST FOR RECORDS

Date: R											
Company/Person	n's Name:										Rec'd By:
Address:								Conta	ct Person:		
City:					State:			Zip:	I	Phone No:	
E-Mail:									Fax No:		
			Туре с	of Reco	ords N	eeded					
🗌 Oil & Gas W	Vell Records	Production Reco	• -				Endin	g Date			See Attached
Hearing File			Docket	-				5	Fluid Inje	ction N	
Additional Info:											
			We	ell Info	ormati	on					
Dist:	County:				se. No.	-	0	Gas ID I	No.		Dry Hole
Operator Name:	:									Op	erator No.
Lease Name:										We	ell No.
Field Name:											
Location: (Sec. I	Blk. Survey Name,	Abstract No.)									
Location: (Sec. Blk. Survey Name, Abstract No.)         API No. 42-       -         Permit No.       Date Drilled:											
Additional Info:											
			Wa	all Info	ormati	on					
Dist:	County:		***		se. No.	011	(	Gas ID I	No.		Dry Hole
Operator Name:	-							545 12 1			erator No.
Lease Name:	•										ell No.
Field Name:										***	
	Blk. Survey Name,	Abstract No.)									
	DIK. SUFVEY INAIlle,	Abstract No.)		D	•4 NT -			D.4. D.1			
API No. 42-	-			Permi	it No.		I	Date Dri	lled:		
Additional Info:											
	@ <b>\$</b> 10	ф (	Charg					<b>T</b> ( <b>1</b> )	φ.		Other Charges
Copies: (paper)         @ \$.10 = \$         (micro)           Certifications         @ \$1.00 = \$								Total \$ Total \$			\$
-								Total \$			Date Called
Over Size Copies (maps / logs)    @ \$.40 per sq. ft											
GIS Maps PlotsNo = \$Computer Generated ReportsSet up Fee @ \$6.10								Total \$           Total \$			Paid by:
-	erated Reports			0 / No.		= \$					Credit Card
Postage		Weight		101	¢				\$		Check Total Charges Due:
Research Fee			5.00 per hal						\$		-
Labor Charge         @ \$6.00 per 20				min. = \$			Total \$			\$	
Date Picked Up:		Worked By	/:	_	Date C	ompleted	l:		]	Fotal Ti	me:
Notes:											<u>.                                    </u>
							Prints	Mailed	By:		Date:

Email completed form to <u>ims@rrc.state.tx.us</u> or fax to (512) 463-7200. For questions/comments contact the Open Records @ (512) 463-6882.

Company/Perso	ns Name:								
Contact Person:		Phone No: ( ) -							
Type of Records Needed									
Oil & Gas Well Records     Production Records: Beginning Date     to Ending Date     See Attached									
Hearing File	25	Docket	No.		Fluid Injection No.				
Well Information									
Dist: County: Oil Lse. No. Gas ID No. Dry Hole									
Operator Name						Operator No.			
Lease Name: Well No.									
Field Name:									
Location: (Sec. Blk. Survey Name, Abstract No.)									
API No. 42-	-		Permit No.	Date Di	-illed:				
Additional Info:									
		W	ell Information						
Dist:	County:		Oil Lse. No.	Gas ID	No.	Dry Hole			
Operator Name:     Operator No.									
Lease Name: Well No.									
Field Name:									
Location: (Sec. Blk. Survey Name, Abstract No.)									
API No. 42-   Permit No.   Date Drilled:									
Additional Info:									
		W	ell Information						
Dist:	County:		Oil Lse. No.	Gas ID	No.	Dry Hole			
Operator Name:     Operator No.									
Lease Name:						Well No.			
Field Name:									
Location: (Sec. 1	Blk. Survey Name, Abstract No.)								
API No. 42 Permit No. Date Drilled:									
Additional Info:									
Additional Information									