

<b>Enter if Assigned:</b> API No.: 42- _____  Drilling Permit No. _____	<b>RAILROAD COMMISSION OF TEXAS          OIL AND GAS DIVISION</b>  <b>APPLICATION FOR PERMIT TO DRILL, RECOMPLETE OR RE-ENTER</b>	<b>FORM W-1</b> (Rev. 12/20)  SEE SWR 3.78 FOR FEE & SURCHARGE SCHEDULE
1. RRC Operator No.:	2. Operator Name (as shown on P-5 Organization Report):	3. Operator Address (include street, city, state, zip):
4. Lease Name:	5. Well No.:	
<b>GENERAL INFORMATION</b>		
6. Purpose of Filing (Mark ALL appropriate boxes): <input type="checkbox"/> New Drill <input type="checkbox"/> Recompletion <input type="checkbox"/> Reclass <input type="checkbox"/> Field Transfer <input type="checkbox"/> Re-enter <input type="checkbox"/> Amended <input type="checkbox"/> Amended as Drilled (BHL) (Include Form W-1D)		
7. Wellbore Profile (Mark ALL appropriate boxes): <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal (Also File Form W-1H) <input type="checkbox"/> Directional (Also File Form W-1D) <input type="checkbox"/> Sidetrack		
8. If either Directional or Horizontal is chosen under wellbore profile, answer the following questions:		
8a. Is the surface hole location off-lease? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8b. If Horizontal profile is chosen, is the penetration point off-lease? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8c. If answer to 8b is yes, choose the appropriate resolution: <input type="checkbox"/> Own Offset <input type="checkbox"/> Waiver <input type="checkbox"/> Notice <input type="checkbox"/> *Publication (If direct notice was not possible) <input type="checkbox"/> Hearing		
<i>*Any request for publication must be accompanied by a due diligence letter explaining why you need to publish the notice instead of relying on direct notification.</i>		
9. If Applicable: Horizontal Wellbore Completion Type: <input type="checkbox"/> PSA <input type="checkbox"/> Allocation <input type="checkbox"/> Stacked Lateral If Stacked Lateral, provide drilling permit number of record well _____		
10. True Vertical Depth:	11. Do you have the right to develop minerals under any right of way? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SURFACE LOCATION AND ACREAGE INFORMATION</b>		
12. RRC District No:	13. County:	14. Surface Location: <input type="checkbox"/> Land <input type="checkbox"/> Bay/Estuary <input type="checkbox"/> Inland waterway <input type="checkbox"/> Offshore
15. This well is to be located _____ miles in a _____ direction from _____, which is the nearest town in the county.		
For all Surface Locations provide either X/Y or Latitude/Longitude coordinates.		
DATUMS:		
<input type="checkbox"/> WGS 84	X or Northing: _____ (xxxxxx. xx)	Latitude: _____ (-xx. xxxxxx)
<input type="checkbox"/> NAD 27	Y or Easting: _____ (xxxxxx. xx)	Longitude: _____ (xx. xxxxxx)
<input type="checkbox"/> NAD 83	Zone: _____	
16. Section:	17. Block:	18. Survey:
		19. Abstract No:
		20. Distance to nearest lease line from surface location:
		21. Number of total acres in lease, pooled unit or unitized tract:
22. Additional Location Identifiers: Township: _____ League: _____ Labor: _____ Porcion: _____ Share: _____ Tract: _____ Lot: _____		
If the answer to 8a is yes, provide two perpendicular survey line calls instead of lease line calls.		
23. Lease Perpendiculars: _____ ft. from the _____ line and _____ ft. from the _____ line.		
24. Survey Perpendiculars: _____ ft. from the _____ line and _____ ft. from the _____ line.		

25. Is this a pooled unit?  Yes  No | 26. Unitization Docket No: \_\_\_\_\_ | 27. Are you applying for Substandard Acreage ?  Yes (attach Form W-1A)  No

**FIELD INFORMATION** List all fields of anticipated completion including Wildcat. List one zone per line. Attach a Form W-1 Field Information Addendum if you require more space.

28. RRC District No.	29. Field No.	30. Field Name (exactly as shown in RRC records)	31. Well Type	32. Completion Depth	33. Distance to Nearest Well on this lease in this Reservoir	34. No. of Wells on this lease in this Reservoir

Fields that have been identified as containing hydrogen sulfide (H<sub>2</sub>S) on your application must comply with drilling and completion requirements set forth in Statewide Rule (SWR) 3.36. If you have any questions concerning SWR 3.36, contact your RRC District Office. For information go to <http://www.rrc.texas.gov/about-us/organization-activities/rrc-locations/>.

All new wells must comply to the new Statewide Rule (SWR) 3.13 requirements concerning the isolation of any potential flow zones and zones with corrosive formation fluids. If an existing well is being deepened it may also need to comply with SWR 3.13 requirements. Go to the RRC website, <http://www.rrc.texas.gov/oil-gas/compliance-enforcement/rule-13-geologic-formation-info/>, to find the SWR 3.13 formation data for your county.

35. Requests for SWR Exceptions: If available SWR Exception Case/Docket No.: \_\_\_\_\_

If your application requires an exception to SWR 37 lease line spacing, indicate how you intend to resolve the exception.  
 Choose all appropriate resolutions.  Own Offset  Waiver  Service List  \* Publication (If direct notice was not possible)  Hearing

If your application requires an exception to SWR 37 between well spacing, please indicate how you intend to resolve the exception. To resolve without an exception, provide Entity For Density Docket # \_\_\_\_\_ OR list the wells that will be shut-in and **not** produced concurrently with the applied for well in the Remarks section.

If you seek an exception choose all appropriate resolutions.  Own Offset  Waiver  Service List  \* Publication (If direct notice was not possible)  Hearing  Unaffected

If your application requires an exception to SWR 38 well density, indicate how you intend to resolve the exception. To resolve without an exception, submit a signed Form W-1A OR list the wells that will be shut-in and **not** produced concurrently with the applied for well in the Remarks section.

If you seek an exception, choose all appropriate resolutions.  Own Offset  Waiver  Service List  \* Publication (If direct notice was not possible)  Hearing  Unaffected

**\*Any request for publication must be accompanied by a due diligence letter explaining why you need to publish the notice instead of relying on direct notification. The Service List will still be required.**

Are you requesting an exception to double assign acreage under SWR 40(e)(2)?  Yes  No If you answered Yes, provide the TVD where the depth the severance occurs.  
**UPPER TVD** \_\_\_\_\_ **LOWER TVD** \_\_\_\_\_

Is the applicant the owner of all wells, including any wells permitted but not yet drilled or completed, that are located within one-half mile of the proposed wellbore between the first and last take point?  Yes  No\* \* If there are wells within the interval being applied for and it appears acreage is being double assigned a hearing may be required.  
 If you have an approved docket number allowing for double assignment of acreage for this well or lease please provide the docket number. \_\_\_\_\_

**BOTTOMHOLE LOCATION INFORMATION is required for DIRECTIONAL, HORIZONTAL AND AMENDED AS DRILLED PERMIT APPLICATIONS – Attach FORM W-1D or FORM W-1H as appropriate.**

Remarks:

**CERTIFICATE:**  
 I declare under penalties in Sec. 91.143, Texas Natural Resources Code, that I am authorized to file this application, that this application was prepared by me or under my supervision and direction, and that the data and facts stated therein are true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
 Name of Representative (Print) Signature Date (mm/dd/yy)

**RRC Use only**

\_\_\_\_\_  
 Telephone (AC and number) E-mail Address (OPTIONAL – If provided, e-mail address will become part of this public record.)

