



Well Completion

Forms and Procedures

Jacque Teseny, Well Compliance

Class Synopsis



This class will focus on the forms that make up both Gas and Oil completion packets. It is important that the information provided by the operator is accurate in order to facilitate the timely processing of the completion packet.

G-1 (Gas Well Completion Report)



- Required by Statewide Rules 28 and 31
- The operator of a well shall file with the commission the appropriate completion report within 90 days after completion of the well or within 150 days after the date on which the drilling operation is completed, whichever is earlier. (SWR-16)
- The operator of a well shall file with the Commission an amended completion report within 30 days of any physical changes made to the well, such as any change in perforations, or openhole or casing records. (SWR-16)

Gas Allowable Effective Date



- Allowable is set based on the date of receipt of all required forms
- Will be backdated 15 days from when the last form needed for an allowable was received in Austin.
- Completion date (packet data on G-1) is the date the well is capable of producing by the opening of a valve or flipping of a switch.

G-5 (Gas Well Classification Report)



RAILROAD COMMISSION OF TEXAS Oil and Gas Division		GAS WELL CLASSIFICATION REPORT		Form G-5																																	
Tracking No.: 51175		This facsimile G-5 was generated electronically from data submitted to the RRC.																																			
1. OPERATOR NAME (Exactly as shown on Form PS Organization Report) LINN OPERATING, INC.		3. RRC DISTRICT NO. 10	4. OIL LEASE NO OR GAS WELL ID NO.																																		
2. MAILING ADDRESS ATTN: DEBRA GORDON 600 TRAVIS SUITE 5100 HOUSTON, TX 77002		5. WELL NO. 3H	6. API NO. 42- 483-33008																																		
		7. COUNTY OF WELL SITE WHEELER																																			
8. FIELD NAME (as per RRC Records) ALLISON-BRITT (12350)		9. LEASE NAME MCMAHAN 22																																			
10. LOCATION (Section, Block and Survey) CAMP CSL LGE 4 LOT 22 , A-24		11. PIPELINE CONNECTION OR USE OF GAS ENBRIDGE PIPELINE (TX GATHERING) LP																																			
PRODUCTION TEST AT RATE ELECTED BY OPERATOR <small>(data on 24-hour basis)</small>		A.S.T.M. DISTILLATION OF LIQUID SAMPLE. Distillation test is required for gas wells ONLY if the producing gas-liquid hydrocarbon ratio is less than 100,000 CF/barrel.																																			
A. Date of Test <u>10/21/2011</u> B. Gas Volume <u>2701.0</u> (Mcf) C. Oil or Condensate Volume _____ (bbl) D. Water Volume <u>998.0</u> (bbl) E. Gas/Liquid Hydrocarbon Ratio <u>20318</u> (C/Bbl) F. Flowing Tubing Pressure <u>625</u> (psia) G. Choke Size <u>64/64</u> (in.) H. Casing Pressure <u>1090.0</u> (psia) I. Shut-in Wellhead Pressure-- Tubing <u>625</u> (psia) J. Separator Operating Pressure <u>84.0</u> (psia) K. Color of Stock Tank Liquid <u>Straw</u> L. Gravity of Separator Liquid <u>46.8</u> °API M. Gravity of Stock Tank Liquid <u>46.8</u> °API N. Specific Gravity of the Gas (Air = 1) <u>0.769</u>		Date Liquid Sample Obtained <u>10/22/2011</u> Where Obtained: <input checked="" type="checkbox"/> Separator <input type="checkbox"/> Stock Tank <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">% Over Temp. (deg. F)</th> <th colspan="2">% Over Temp. (deg. F)</th> </tr> <tr> <th>Initial Boiling Temp.</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td><u>107.2</u></td> <td>60</td> <td><u>317.1</u></td> <td></td> </tr> <tr> <td>10</td> <td>70</td> <td><u>377.4</u></td> <td></td> </tr> <tr> <td>20</td> <td>80</td> <td><u>454.4</u></td> <td></td> </tr> <tr> <td>30</td> <td>90</td> <td><u>571.4</u></td> <td></td> </tr> <tr> <td>40</td> <td>95</td> <td><u>642.0</u></td> <td></td> </tr> <tr> <td>50</td> <td></td> <td>End Point</td> <td><u>667.9</u></td> </tr> </tbody> </table> Total Recovery <u>95.2</u> percent Residue <u>3.0</u> percent Loss <u>1.8</u> percent				% Over Temp. (deg. F)		% Over Temp. (deg. F)		Initial Boiling Temp.				<u>107.2</u>	60	<u>317.1</u>		10	70	<u>377.4</u>		20	80	<u>454.4</u>		30	90	<u>571.4</u>		40	95	<u>642.0</u>		50		End Point	<u>667.9</u>
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50		End Point	<u>667.9</u>																																		
I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that data and facts stated therein are true, correct, and complete to the best of my knowledge.		LINN OPERATING, INC. NAME (Type or Print) <u>Bart Trevino</u> SIGNATURE <u>Regulatory Compliance Specialist II</u> TITLE		RRC USE ONLY																																	
DATE <u>04/23/2015</u>		CONTACT PERSON <u>(713) 904-6684</u> PHONE NUMBER																																			

G-10 (Gas Well Status Report)



Tracking No.: 51175		GAS WELL STATUS REPORT RAILROAD COMMISSION OF TEXAS Oil and Gas Division P.O. Box 12967 Austin, Texas 78711-2967 <small>This facsimile G-10 was generated electronically from data submitted to the RRC.</small>		Reason for Filing <input type="checkbox"/> Survey <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Initial Test <input type="checkbox"/> Correction		Operator P-5 Organization No. 501545		RRC Dist. No. 10		G-10
OPERATOR NAME AND ADDRESS including city, state and zip LINN OPERATING, INC. ATTN DEBRA GORDON 600 TRAVIS SUITE 5100 HOUSTON, TX 77002				Test Period: Due Date: Effective Date:						
FIELD NAME * LEASE NAME	RRC IDENT NO.	DATE TESTED MO/DAY/YR	GAS PRODUCED MCF/DAY **	CONDENSATE PRODUCED	WATER PROD BBL/DAY	***SIWH PRESSURE PSIA				
	WELL NO.	MARK X FOR SHUT-IN WELL	GAS SPEC. GRAVITY	CONDENSATE GRAVITY (API)	X BOTTOMHOLE PRESSURE PSIA	***FLOWING PRESSURE PSIA				
ALLISON-BRITT (12350)		10/22/2011	2701 MCF	104.0	BBL	998.0	BBL	1090		
MCMAHAN 22	3H		0.769	46.8				625		
			MCF		BBL		BBL			
			MCF		BBL		BBL			
			MCF		BBL		BBL			
			MCF		BBL		BBL			
			MCF		BBL		BBL			
			MCF		BBL		BBL			
			MCF		BBL		BBL			
			MCF		BBL		BBL			

CERTIFICATION: I declare under penalties prescribed in Texas Natural Resources Code, Sec. 91.143, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that data and facts stated herein are true, correct, and complete to the best of my knowledge.
 LINN OPERATING, INC
 Signature: RENA CARTER Title: _____ Phone: (405) 241-2223 Date: 04/23/2015
 * AN ASTERISK PREPRINTED ON A SURVEY IDENTIFIES WELL SUBJECT TO COMMINGLING TEST REQUIREMENT ** GAS PRODUCTION RATE, IN MCF, IS TO BE REPORTED FULL-WELL STREAM, INCLUDING CONDENSATE *** PRESSURE FOR THE TEXAS HUGOTON FIELD IS REPORTED IN PSIG
 X AN 'X' PREPRINTED ON A SURVEY IN THE BOTTOMHOLE PRESSURE BOX INDICATES A BOTTOMHOLE PRESSURE MUST BE REPORTED FOR THE WELL

W-2 (Oil Well Completion)



- Required by Statewide Rules 16 & 51
- Include Lease number, if the well will be added to an existing lease
- File potential test information within 10 days of the test date (Statewide Rule 51)
- Wells needing an allowable must include a test
- Non-producing wells and service wells, no test required

Oil Allowable Effective Date



- Allowable set based on date of receipt of all required forms
- Allowable effective date may be backdated to the completion date if the forms are received within 10 days of the test date (test information needs to include a 24 hour test)
- Packet Data - Completion date is the date the well was capable of producing by the opening of a valve or flipping of a switch

W-2



RAILROAD COMMISSION OF TEXAS
Oil and Gas Division

Form W-2
Rev. 01/2014

Type or Print Only
(Online filing available at
<http://www.rrc.state.tx.us>)

API No.: 42- _____ 7. RRC District No. _____

8. RRC Lease No. _____

OIL WELL POTENTIAL TEST, COMPLETION OR RECOMPLETION REPORT, AND LOG

1. Field Name (as per RRC Records or Wildcat) _____ 2. Lease Name _____

3. Operator's Name (exactly as shown on Form P-5, Organization Report) _____ RRC Operator No. _____

4. Operator's Address (include street, city, state, zip code) _____

5a. Location (section, block and survey) _____

5b. This well is located _____ miles in a _____ direction from _____, which is the nearest town in the county.

6. Well Latitude/longitude (minimum five decimal places required): _____ Latitude/longitude type: _____

7a. Spud date _____

7b. Date of first production after rig released _____

7c. Type(s) of electric or other log(s) run _____

13. If recompletion or reclass, give former field (with reservoir) & Gas ID or Oil Lease No. If multiple completion, list all reservoir names (completions in this well) and Gas ID or Oil Lease No.
 Recompletion or reclass Multiple completion

14. Type(s) of electric or other log(s) run _____

A. Producers
 Initial potential
 Retest
 Reclass
 Well record only (explain in remarks)

B. Injection/Disposal/Storage/Brine Mining
 Initial completion
 Reclass
 Well record only (explain in remarks)

INITIAL POTENTIAL TEST DATA FOR NEW COMPLETION OR RECOMPLETION (leave blank if filed for another purpose)
IMPORTANT: Test should be for 24 hours unless otherwise specified in field rules

15. Date of test _____ 16. No. of hours tested _____ 17. Production method (flowing, gas lift, jetting, pumping - size & type of pump) _____ 18. Choice size _____

19. Production during test period: Oil (BBLs) Gas (MCF) Water (BBLs) Gas - Oil Ratio Flowing Tubing Pressure (PSIG)

20. Calculated 24-Hour Rate: Oil (BBLs) Gas (MCF) Water (BBLs) Oil Gravity - API - 60* Casing Pressure (PSIG)

21. Was swab used during this test? YES NO

22. Oil produced prior to test (new & recompleted wells): _____

DATA ON WELL COMPLETION

23. Type of completion
 New well Deepening Side track Other
 Re-entry Plug back Recompletion (explain in remarks)

24. Permit to Drill, Plug Back, or Deepen Rule 37 Exception DATE PERMIT NO. DATE CASE NO.

25. Number of producing wells on this lease in this field (reservoir) including this well _____

26. Total number of acres in lease _____

27. Date of plug back, deepening, recompletion, or drilling operations _____

28. Distance to nearest well in this lease & reservoir _____

29. Elevation (DF, RKB, RT, GR, etc.) _____

30. Was directional survey made other than inclination (Form W-12)? YES NO

31. Total Depth (ft.)
TVD MD

32. Plug Back Depth (ft.)
TVD MD

33. For new drill or re-entry, surface casing depth determined by:
 GAU Groundwater Protection Determination Depth: _____ Date: _____
 SWR 13 Exception Depth: _____

34. Rotation time within surface casing (hours) _____

35. Is Cementing Affidavit (Form W-15) attached? YES NO

API No.: 42- _____

Form W-2

36. CASING RECORD

Row	Type of Casing (conductor, surface, intermediate, conventional production, tapered production, or other)	Casing Size (in.)	Hole Size (in.)	Setting Depth (ft.)	Multi-Stage Seal Depth (ft.)	Multi-Stage Shoe Depth (ft.)	Cement Class	Cement Amount (sacks)	Slurry Volume (cu. ft.)	Top of Cement	Top of Cement Determined By
1											
2											
3											
4											

37. LINER RECORD

Row	Liner Size (in.)	Hole Size (in.)	Liner Top (ft.)	Liner Bottom (ft.)	Cement Class	Cement Amount (sacks)	Slurry Volume (cu. ft.)	Top of Cement	Top of Cement Determined By
1									
2									

38. TUBING RECORD
Does this well currently have tubing set? YES NO
 SWR 13 Exception (attach approval)

39. PRODUCING/INJECTION/DISPOSAL INTERVAL
Indicate top and bottom measured depths of completion interval(s) or open hole (if NO & no SWR 13 Exception obtained, explain in remarks)

Size (in.)	Depth Set (ft.)	Packer Depth/Type	From	To
			From	To

ACID, FRACTURE, CEMENT SQUEEZE, CAST IRON BRIDGE PLUG, RETAINER, ETC.

40. Was hydraulic fracturing treatment performed? YES NO

41. Is well equipped with a downhole actuation sleeve? YES NO
If yes, provide actuation pressure (PSIG)

42. Production casing test pressure (PSIG) prior to hydraulic fracturing treatment

43. Actual maximum pressure (PSIG) during hydraulic fracturing

44. Has the hydraulic fracturing fluid disclosure been reported to FracFocus disclosure registry (SWR 29)? YES NO

Type of Operation (indicate acid, fracture, cement squeeze, cast iron bridge plug, retainer, etc.) _____ Amount and Kind of Material used _____ Depth Interval (ft.) _____

45. FORMATION RECORD
(list depths of principal geological markers and formation tops, including, but not limited to, all permitted disposal/injection formations within 1/4-mile of the wellbore, productive zones, potential flow zones, and corrosive formation fluid zones)

Principal Geological Markers and Formation Tops	Depth (ft.)		Indicate if formation is a permitted disposal/injection formation, productive zone, potential flow zone, and/or a zone with corrosive formation fluids	Is formation isolated in this well? (YES/NO) (if NO, explain in remarks)
	TVD	MD		

46. Do the producing intervals of this well produce H₂S with a concentration in excess of 100 ppm (SWR 36)? YES NO

47. Is the completion being down-hole commingled (SWR 10)? YES NO

REMARKS:

OPERATOR'S CERTIFICATION: I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this report, that I prepared or supervised and directed this report, and that data and facts stated therein are true, correct, and complete, to the best of my knowledge.

Signature: Operator's representative _____ Title _____ Tel: _____ Area Code _____ Number _____

Printed Name _____ Date _____ Email (include email address only if you affirmatively consent to its public release) _____

Forms Associated with Gas & Oil



- **W-1:** Application for Permit to Drill, Recomplete, or Re-Enter
- **P-8:** Request for Clearance of Storage Tanks Prior to Test
- **W-12:** Inclination Report
- **W-15:** Cementing Report
- **L-1:** Electric Log-Status Report
- **P-4:** Certificate of Compliance & Transportation Authority
- **P-12:** Certificate of Pooling Authority
- **P-15:** Statement of Productivity of Acreage
- **P-16 Datasheet:** Acreage Designation
- **Plats:** Permitted Plat, As Drilled Plat, Lease Plat or Proration Plat

W-1 (Drilling Permit)



Enter if Assigned: API No.: 42- _____ Drilling Permit No.: _____ Rule 37/38 Case No.: _____		RAILROAD COMMISSION OF TEXAS OIL AND GAS DIVISION APPLICATION FOR PERMIT TO DRILL, RECOMPLETE OR RE-ENTER		FORM W-1 EFF 10/04 Drilling Permit Fee Based on Depth: 0'-2000' \$200 2001'-4000' \$225 4001'-9000' \$250 >9000' \$300 Expedited Service Fee ADD \$150 Rule 37/38 Exception Fee ADD \$200	
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.:		
GENERAL INFORMATION					
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) (Also File 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. Total Vertical Depth:		9. Do you have the right to develop minerals under any right of way? <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Is this well subject to Statewide Rule 36 (hydrogen sulfide area)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SURFACE LOCATION AND ACREAGE INFORMATION					
11. RRC District No.:		12. County:		13. Surface Location: <input type="checkbox"/> Land <input type="checkbox"/> Bay/estuary <input type="checkbox"/> Inland waterway <input type="checkbox"/> Offshore	
14. This well is to be located _____ miles in a _____ direction from _____, which is the nearest town in the county.					
15. Section:		16. Block:		17. Survey:	
18. Abstract No.:		19. Distance to nearest lease line:		20. Number of contiguous acres in lease, pooled unit or unitized tract:	
21. Lease Perpendiculars: _____ ft. from the _____ line and _____ ft. from the _____ line.					
22. Survey Perpendiculars: _____ ft. from the _____ line and _____ ft. from the _____ line.					
23. Is this a pooled unit? <input type="checkbox"/> Yes <input type="checkbox"/> No		24. Utilization Docket No.:		25. Are you applying for Substandard Acreage Field? <input type="checkbox"/> Yes (attach Form W-1A) <input type="checkbox"/> No	
FIELD INFORMATION List all fields of anticipated completion including Wildcat. List one zone per line. Attach an additional Form W-1 if you require more space.					
26. RRC District No.	27. Field No.	28. Field Name (exactly as shown in RRC records)	29. Well Type	30. Completion Depth	31. Distance to Nearest Well in this Lease & Reservoir
BOTTOMHOLE LOCATION INFORMATION is required for DIRECTIONAL, HORIZONTAL, AND AMENDED AS DRILLED PERMIT APPLICATIONS – Attach FORM W-1D/FORM W-1H as appropriate					
Remarks: RRC Use only			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 be the best of my knowledge.		
Name of Representative (Print) _____			Signature _____		Date (mm/dd/yy) _____
Telephone (AC and number) _____			E-mail Address (OPTIONAL – If provided, e-mail address will become part of this public record.) _____		

P-8 (Request for Clearance of Storage Tanks)



- Statewide Rule 80
- Filed before the well is assigned an ID/Lease number
- An allowable will be needed to cover this production
- P-8's can be filed on-line
- District office processes all P-8 requests.
- Copy of Form P-4 must be attached

W-15 (Cementing Report)



- Statewide Rules 13 & 14
- Filed with all new completions and dry hole completions
- District Office has primary audit responsibility & approval
- Must be signed by cementing company

L-1 (Electric Log-Status Report)



- Statewide Rule 16
- File with all new gas, oil, deepened wells & dry holes
- If no log was run check Box A
- Indicate if confidentiality is requested
- Log header required to be attached with request for confidentiality
- If log marked attached – mail to Austin office

P-4 (Cert. of Compliance & Trans. Authority)



- Statewide Rule 58
- Form P-4 is a certificate of compliance as well as authorization for gathering the product
- Same form used for oil leases and gas wells
- One form per oil lease and one for each gas well
- New lease P-4's can be completed with online completion packet . All other P-4's should be mailed to Austin Office

P-4 (Cert. of Compliance & Trans. Authority)



- Fill out the P-4 in its entirety - listing complete company names (even if information is not being changed)
- Item 12 – check all appropriate box for changes being made
- All percentages need to add up to 100%
- Always show a system code for the gas purchaser

P-4 (Cert. of Compliance & Trans. Authority)



- Show the company that actually moves the stock; purchaser is not required for liquid gatherer
- **MUST** have original signatures for operator changes
- You can verify the gatherer/purchaser you are selecting is valid by utilizing the Organization (P-5) Query under our Oil & Gas Data queries section.

P-12 (Certificate of Pooling Authority)



RAILROAD COMMISSION OF TEXAS
Oil and Gas Division
PO Box 12967
Austin, Texas 78711-2967
www.rrc.state.tx.us

**CERTIFICATE OF
POOLING AUTHORITY**

P-12

Revised 05/2001

1. Field Name(s)	2. Lease/ID Number (# assigned)	3. RRC District Number
4. Operator Name	5. Operator P-S Number	6. Well Number
7. Pooled Unit Name	8. API Number	9. Purpose of Filing <input type="checkbox"/> Drilling Permit (W-1) <input type="checkbox"/> Completion Report
10. County	11. Total acres in pooled unit	

DESCRIPTION OF INDIVIDUAL TRACTS CONTAINED WITHIN THE POOLED UNIT

TRACT/PLAT IDENTIFIER	TRACT NAME	ACRES IN TRACT (See inst. #7 below)	INDICATE UNDIVIDED INTERESTS	
			UNLEASED	NON-POOLED
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION:
I declare under penalties prescribed pursuant to the Sec. 91.143, Texas Natural Resources Code, that I am authorized to make the foregoing statements and that the information provided by me or under my direction on this Certificate of Pooling Authority is true, correct, and complete to the best of my knowledge.

Signature _____ Print Name _____
Title _____ E-mail (if available) _____ Date _____ Phone _____

INSTRUCTIONS — Reference: Statewide Rules 31, 38 and 40

- When two or more tracts are pooled to form a unit to obtain a drilling permit, file completion paperwork, or reform a pooled unit pursuant to Rule 38(d)(3) the operator must file an original Certificate of Pooling Authority and certified plat.
- The certified plat shall designate each tract with an outline and a tract identifier. The tract identifier on the plat shall correspond to the tract identifier and associated information listed on the Certificate.
- If within an individual tract, a non-pooled and/or unleased interest exists, indicate by checking the appropriate box.
- If the Purpose of Filing is to obtain a drilling permit, in box #1 list all applicable fields separately or enter "All Fields" if the Certificate pertains to all fields requested on Form W-1.
- If the Purpose of Filing is to file completion paperwork, enter the applicable field name in box #1 for the completion.
- Identify the drill site tract with an * to the left of the tract identifier.
- The total number of acres in the pooled unit in #11 should equal the total of all acres in the individual tracts listed.

Page ____ of ____

P-15 (Statement of Productivity of Acreage)



STATEMENT OF PRODUCTIVITY OF ACREAGE
ASSIGNED TO PRORATION UNITS

Form P-15
(5-5-71)

The undersigned states that he is authorized to make this statement; that he has knowledge of the facts concerning the _____,
OPERATOR
_____, No. _____; that such well is
LEASE WELL
completed in the _____ Field, _____ County,
Texas and that the acreage claimed, and assigned to such well for proration purposes as
authorized by special rule and as shown on the attached certified plat embraces _____
_____ acres which can reasonably be considered to be productive of hydrocarbons.

- CERTIFICATE -

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

Date _____ Signature _____

Telephone _____ AREA CODE _____ Title _____

Plats



- Proration plats are required in fields that have special field rules
- Plats need to outline the proration unit, show the lease line distances, and the distances to the nearest well
- Plats are to be certified and to scale
- Please identify the plat with a district and lease number, if lease already exists

Contact Us



For immediate assistance please call the
Well Compliance (Proration)
main phone number.



512-463-6975



512-463-6955



prorationunit@rrc.texas.gov



www.rrc.texas.gov



P.O. Box 12967, Austin, Texas 78711-2967