

APPLICATION FOR TEXAS
 SEVERANCE TAX INCENTIVE
 CERTIFICATION

Section I

READ INSTRUCTIONS ON REVERSE SIDE

1. Operator name, exactly as shown on P-5, Organization Report		2. Operator P-5 No.	3. RRC Dist. No.
4. Operator address, including city, state, and zip code		5. Incentive being filed for: (select one)	
6. Field Name	7. Field No.	<input type="checkbox"/> High-cost Gas – Sec I,II <input type="checkbox"/> 2-Year Inactive Well – Sec I,III <input type="checkbox"/> Flared/Vented Gas Marketing – Sec I,IV	
8. Lease Name	9. Lease/ID No.	Complete the indicated sections and the Certification area Use Form H-12 for EOR incentive applications	

Section II. HIGH-COST GAS Incentive. Read Instruction No. 1 Attachments required.

10. Check NGPA high-cost category for which incentive certification is required.

107 Tight Sands Area Designation Docket No. _____
 107 Deep Gas
 107 other specify _____

Section III. TWO-YEAR INACTIVE WELL Incentive. Read Instruction No. 2

11. API Wellbore No. 42-	12. Well Number	13. Has this wellbore produced more than one month in the 2 years prior to the application <input type="checkbox"/> No <input type="checkbox"/> Yes	14. Have you received notice from RRC that well is designated as a candidate for certification? <input type="checkbox"/> No <input type="checkbox"/> Yes
15. Check as appropriate. <i>If either is checked, give all other ID numbers used in last two years in space provided</i>			
<input type="checkbox"/> Re-entry in plugged well plugging date: _____ <input type="checkbox"/> consolidation, workover, unitization, field transfer or other action in the last two years which resulted in an identification change			
Lease/ID No.:		Well No.	

Section IV. MARKET PREVIOUSLY FLARED OR VENTED CASINGHEAD GAS Incentive. Read Instruction No. 3

16. Identify the twelve consecutive months in which flaring or venting took place and MCF volume flare/vented each month							
<i>month/year</i>	<i>volume</i>	<i>month/year</i>	<i>volume</i>	<i>month/year</i>	<i>volume</i>	<i>month/year</i>	<i>volume</i>
1.		4.		7.		10.	
2.		5.		8.		11.	
3.		6.		9.		12.	
17. Name of gas gatherer filed on Form P-4 to gather the marketed gas.				18. Date first marketed gas carried by the named gatherer <i>month/year</i>			

CERTIFICATION: I declare under penalties prescribed in TNRC §91.143 that I am authorized to make this application, that this application 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.

 signature name (type or print)

 title phone w/AC date