

<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Amended</b> Existing Permit No. _____ Effective Month/Year of Requested Exception: _____ / _____	<b>RAILROAD COMMISSION OF TEXAS</b> <b>OIL AND GAS DIVISION</b>  <b>APPLICATION FOR EXCEPTION TO STATEWIDE RULES (SWR) 26 AND/OR 27</b>	<b>FORM P-17</b> Eff 01/2008 <b>\$150 FILING FEE</b>  District _____ County _____
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**SECTION 1. OPERATOR INFORMATION (See instructions under "Who Files")**

Operator Name (as shown on P-5): \_\_\_\_\_ Operator P-5 No. \_\_\_\_\_

Operator Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**SECTION 2. GATHERER (of oil or condensate) INFORMATION (not required if 3b is checked)**

Gatherer Name (as shown on P-5): \_\_\_\_\_ Gatherer P-5 No. \_\_\_\_\_

Gatherer Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Gatherer E-mail Address: \_\_\_\_\_  
(Optional – If provided, e-mail address will become part of this public record.)

**SECTION 3. APPLICATION APPLIES TO (CHECK ALL THAT APPLY):**  OIL  CASINGHEAD GAS  GAS WELL GAS  CONDENSATE

a.  Gas well full well stream into common separation and storage facility with liquids reported on Form PR.

b.  Gas well full well stream into a gasoline plant/common separation and storage facility with liquids reported on Form R-3 Serial # \_\_\_\_\_ (If full well stream is checked, the results of periodic tests to determine the number of stock tank barrels of liquid hydrocarbons recovered per 1,000 standard cubic feet of gas must be reported on Form G-10 in accordance with SWR 55. Attach an explanation of any exceptions to SWR 55.)

c.  Condensate and low-pressure Gas Well Gas are commingled into low-pressure separation and storage facilities.

d.  This request is for off lease:  storage  separation  metering.

e.  This exception is for common storage.

f.  This exception is for common separation.

g.  This exception is for casinghead gas metering by:  deduct metering  allocation by well test  other \_\_\_\_\_.

h.  This exception is for gas well gas metering by:  deduct metering  allocation by well test  other \_\_\_\_\_.

i.  This request is an exception to measure liquid with a: (check one below)  
 a Turbine Meter or  a Coriolis Meter (an additional \$150.00 and a letter of explanation is required for each exception.)

**SECTION 4. NOTICE REQUIREMENTS AND ALLOCATION METHOD. (CHECK ALL THAT APPLY)** The following questions determine if 21-day notice is required and applies to all wells proposed for commingling:

a.  The production is measured separately from all leases or individual wells before commingling. (Notice not required; Skip to Section 5)

b.  The royalty interests and working interests are the same with respect to identity and percentage. (Notice not required)

c.  The royalty interests and working interests are not the same with respect to identity and percentage. (Notice required)  
If b. or c. checked, production will be allocated by:  W-10 (oil)  W-2 retest (oil)  PD Meter (oil & condensate)  G-10 (gas)

d.  The wells produce from multiple reservoirs. (Notice required unless 4e. or 4f. apply; see instructions for additional requirements)

e.  The wells produce from multiple reservoirs and have SWR10 exceptions. (Notice not required)

f.  The wells produce from multiple reservoirs and are measured separately from each reservoir. (Notice not required)

g.  Any one of the wells proposed for commingling produces from a Commission-designated reservoir for which special field rules have been adopted. (Notice required)

**SECTION 5.**  Wells proposed for commingling have an operator's name other than the applicant listed in SECTION 1. (See instructions)

**SECTION 6.**  For oil production, the production from all oil wells on each oil lease is to be commingled. (See instructions)

**SECTION 7. IDENTIFY LEASES AS SHOWN ON COMMISSION RECORDS (attach additional pages as needed)**

DISTRICT	RRC IDENTIFIER	ACTION	LEASE AND FIELD NAME	WELL NO.
		<input type="checkbox"/> Existing <input type="checkbox"/> Add <input type="checkbox"/> Delete		
		<input type="checkbox"/> Existing <input type="checkbox"/> Add <input type="checkbox"/> Delete		
		<input type="checkbox"/> Existing <input type="checkbox"/> Add <input type="checkbox"/> Delete		
		<input type="checkbox"/> Existing <input type="checkbox"/> Add <input type="checkbox"/> Delete		

**ATTACH ADDITIONAL PAGES AS NEEDED.**  No additional pages  Additional pages \_\_\_\_\_ (# of additional pages)

**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. I certify that all requests for related required approvals from other affected State Agencies have been submitted and that I understand that any authorization granted by Commission approval of this application is contingent upon the approvals from other affected State Agencies being obtained.

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

Operator E-mail Address: \_\_\_\_\_ Operator Phone No. \_\_\_\_\_  
(Optional – If provided, e-mail address will become part of this public record.)

**RRC USE ONLY**

**Commingling Permit No.** \_\_\_\_\_ **Approval date:** \_\_\_\_\_ **Approved by:** \_\_\_\_\_

