

## Endor Exploration Seismic Exploration Request Form

Complete All Sections.

A. – REQUESTER INFORMATION		
APPLICANT OR ENTITY NAME	TELEPHONE NUMBER	FAX NUMBER
MAILING ADDRESS 1	EMAIL ADDRESS	
CITY	STATE	ZIP CODE
PROJECT MANAGER (PERSON IN CHARGE OF THE PROJECT)	TITLE	
EMAIL ADDRESS	TELEPHONE NUMBER	
<i>IDENTIFY THE PERSON WHO WORKS CLOSELY WITH PROJECT MANAGER THAT CAN BE CONTACTED IF ISSUES ARISE</i>		
NAME	TITLE	
EMAIL ADDRESS	TELEPHONE NUMBER	

B. –PROPERTY INFORMATION – LIST ONLY ONE PROPERTY PER REQUEST FORM		
PFBC PROPERTY NAME	MUNICIPALITY	COUNTY
SIZE OF TOTAL PFBC PROPERTY (IN ACRES)	SIZE OF AREA ON PFBC PROPERTY TO BE SURVEYED (IN ACRES)	PAYMENT RATE OFFERED (PER ACRE)

C. – OWNER OF OIL & GAS RIGHTS			
SELECT ONE: <input type="checkbox"/> OWNER UNKNOWN <input type="checkbox"/> SINGLE OWNER <input type="checkbox"/> MULTIPLE OWNERS			
1 <sup>ST</sup> OWNER NAME	ADDRESS	CONTACT INFORMATION	SIZE OF SEISMIC WORK REQUEST (IN ACRES)
2 <sup>ND</sup> OWNER NAME	ADDRESS	CONTACT INFORMATION	SIZE OF SEISMIC WORK REQUEST (IN ACRES)
3 <sup>RD</sup> OWNER NAME	ADDRESS	CONTACT INFORMATION	SIZE OF SEISMIC WORK REQUEST (IN ACRES)
PLEASE ADD A SHEET IF MORE THAN THREE OWNERS			

D. – LESSEE OF OIL & GAS RIGHTS			
SELECT ONE: <input type="checkbox"/> LESSEE UNKNOWN <input type="checkbox"/> SINGLE PARTY <input type="checkbox"/> MULTIPLE PARTIES			
1 <sup>ST</sup> LESSEE NAME	ADDRESS	CONTACT INFORMATION	SIZE OF SEISMIC WORK REQUEST (IN ACRES)
2 <sup>ND</sup> LESSEE NAME	ADDRESS	CONTACT INFORMATION	SIZE OF SEISMIC WORK REQUEST (IN ACRES)
3 <sup>RD</sup> LESSEE NAME	ADDRESS	CONTACT INFORMATION	SIZE OF SEISMIC WORK REQUEST (IN ACRES)
ADD AN ADDITIONAL SHEET IF MORE THAN THREE LESSEES			
IS REQUESTER THE OWNER OR LESSEE OF THE GAS AND OIL RIGHTS ON THE SUBJECT PROPERTY?			NO <input type="checkbox"/> YES <input type="checkbox"/>
IF YES, ATTACH DOCUMENTATION TO SUPPORT			
IF NO, DOES REQUESTER HAVE WRITTEN APPROVAL FROM THE OWNER(S)/LESSEE(S) OF THE GAS AND OIL RIGHTS ON THE SUBJECT PROPERTY?			
NO <input type="checkbox"/>	YES <input type="checkbox"/>	IF YES, ATTACH A COPY OF THE APPROVAL(S)	

**SIGNATURE**

I certify that I am familiar with all the information provided on this form, and to the best of my knowledge, information and belief, the information provided is true, complete, and accurate. I further certify that I possess the authority to make this offer and to undertake the proposed activities.

\_\_\_\_\_  
**PRINT/TYPE NAME**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**