

RAILROAD COMMISSION OF TEXAS

CERT

ADMINISTRATION DIVISION CENTRAL RECORDS DEPARTMENT REQUEST FOR RECORDS

Date: _____ R- _____

Company/Person's Name:			Rec'd By:	
Address:			Contact Person:	
City:	State:	Zip:	Phone No: () -	
E-Mail:			Fax No: () -	

Type of Records Needed			
<input type="checkbox"/> Oil & Gas Well Records	<input type="checkbox"/> Production Records: Beginning Date	to Ending Date	<input type="checkbox"/> See Attached
<input type="checkbox"/> Hearing Files	Docket No.	Fluid Injection No.	
Additional Info:			

Well Information				
Dist:	County:	Oil Lse. No.	Gas ID No.	<input type="checkbox"/> Dry Hole
Operator Name:				Operator No.
Lease Name:				Well No.
Field Name:				
Location: (Sec. Blk. Survey Name, Abstract No.)				
API No. 42- -		Permit No.	Date Drilled:	
Additional Info:				

Well Information				
Dist:	County:	Oil Lse. No.	Gas ID No.	<input type="checkbox"/> Dry Hole
Operator Name:				Operator No.
Lease Name:				Well No.
Field Name:				
Location: (Sec. Blk. Survey Name, Abstract No.)				
API No. 42- -		Permit No.	Date Drilled:	
Additional Info:				

Charges (For RRC use only)			
Copies: (paper) _____ @ \$.10 = \$ _____ (micro) _____ @ \$.10 = \$ _____	Total \$ _____	Other Charges \$ _____	
Certifications _____ @ \$1.00 = \$ _____	Total \$ _____		
Over Size Copies (maps / logs) _____ @ \$.40 per sq. ft. = \$ _____	Total \$ _____	Date Called _____	
GIS Maps Plots No. _____ = \$ _____	Total \$ _____	Paid by:	
Computer Generated Reports Set up Fee _____ @ \$6.10 / No. _____ = \$ _____	Total \$ _____	<input type="checkbox"/> Credit Card	
Postage Weight _____	Total \$ _____	<input type="checkbox"/> Check	
Research Fee _____ @ \$5.00 per half hour = \$ _____	Total \$ _____	Total Charges Due: \$ _____	
Labor Charge _____ @ \$6.00 per 20 min. = \$ _____	Total \$ _____		

Date Picked Up: _____	Worked By: _____	Date Completed: _____	Total Time: _____
Notes:			
			Prints Mailed By: _____ Date: _____

Email completed form to ims@rrc.texas.gov or fax to (512) 463-7200. For questions/comments contact the Open Records @ (512) 463-6882.

Company/Persons Name:				
Contact Person:				Phone No: () -
Type of Records Needed				
<input type="checkbox"/> Oil & Gas Well Records	<input type="checkbox"/> Production Records: Beginning Date to Ending Date			<input type="checkbox"/> See Attached
<input type="checkbox"/> Hearing Files	Docket No.		Fluid Injection No.	
Well Information				
Dist:	County:	Oil Lse. No.	Gas ID No.	<input type="checkbox"/> Dry Hole
Operator Name:				Operator No.
Lease Name:				Well No.
Field Name:				
Location: (Sec. Blk. Survey Name, Abstract No.)				
API No. 42- -		Permit No.	Date Drilled:	
Additional Info:				
Well Information				
Dist:	County:	Oil Lse. No.	Gas ID No.	<input type="checkbox"/> Dry Hole
Operator Name:				Operator No.
Lease Name:				Well No.
Field Name:				
Location: (Sec. Blk. Survey Name, Abstract No.)				
API No. 42- -		Permit No.	Date Drilled:	
Additional Info:				
Well Information				
Dist:	County:	Oil Lse. No.	Gas ID No.	<input type="checkbox"/> Dry Hole
Operator Name:				Operator No.
Lease Name:				Well No.
Field Name:				
Location: (Sec. Blk. Survey Name, Abstract No.)				
API No. 42- -		Permit No.	Date Drilled:	
Additional Info:				
Additional Information				