

**MISSISSIPPI STATE OIL & GAS BOARD
OPERATOR'S CERTIFICATE OF COMPLIANCE & AUTHORIZATION
TO TRANSPORT OIL OR GAS FROM DRILLING UNIT**

Note: Submit one Form 8 per field. All fields are required. Do not fill in Oil Allowable or Approval Date.

Field:			Filing Date:		
Operator Name:		Street Address:			Telephone:
City:	State:	Zip Code:	Contact E-Mail Address (required):		

Note: List all oil or gas wells requiring the use of a transporter in the Field name shown above. If necessary, submit multiple page 1s of this form to list all wells.

Well Name & No.:				API No.:	
County:	Sec:	Twp (with dir.):	Range (with dir.):	Well Type: Oil	Gas
Completion Date (s) into Pool (s):		Pool (s):			
For Oil wells, Oil allowable (BBL/DAY):		Approved by (State Oil and Gas Board staff):		Approval Date:	

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