

|        |                |              |
|--------|----------------|--------------|
| Field: | Operator Name: | Filing Date: |
|--------|----------------|--------------|

Note: List all authorized transporters for the field shown above. If necessary, submit multiple page 2s of this form to show all transporters.

**AUTHORIZED TRANSPORTERS**

|   |      |                                    |     |                |
|---|------|------------------------------------|-----|----------------|
| Above named operator authorizes (name of transporter) |      | Contact E-Mail Address (required): |     |                |
| Corporate address:                                    | City | State                              | Zip | Tel. No.:      |
| To Transport  | Oil  | Condensate                         | Gas | Casinghead Gas |

|   |      |                                    |     |                |
|---|------|------------------------------------|-----|----------------|
| Above named operator authorizes (name of transporter) |      | Contact E-Mail Address (required): |     |                |
| Corporate address:                                    | City | State                              | Zip | Tel. No.:      |
| To Transport  | Oil  | Condensate                         | Gas | Casinghead Gas |

|   |      |                                    |     |                |
|---|------|------------------------------------|-----|----------------|
| Above named operator authorizes (name of transporter) |      | Contact E-Mail Address (required): |     |                |
| Corporate address:                                    | City | State                              | Zip | Tel. No.:      |
| To Transport  | Oil  | Condensate                         | Gas | Casinghead Gas |

|   |      |                                    |     |                |
|---|------|------------------------------------|-----|----------------|
| Above named operator authorizes (name of transporter) |      | Contact E-Mail Address (required): |     |                |
| Corporate address:                                    | City | State                              | Zip | Tel. No.:      |
| To Transport  | Oil  | Condensate                         | Gas | Casinghead Gas |

|   |      |                                    |     |                |
|---|------|------------------------------------|-----|----------------|
| Above named operator authorizes (name of transporter) |      | Contact E-Mail Address (required): |     |                |
| Corporate address:                                    | City | State                              | Zip | Tel. No.:      |
| To Transport  | Oil  | Condensate                         | Gas | Casinghead Gas |

|   |      |                                    |     |                |
|---|------|------------------------------------|-----|----------------|
| Above named operator authorizes (name of transporter) |      | Contact E-Mail Address (required): |     |                |
| Corporate address:                                    | City | State                              | Zip | Tel. No.:      |
| To Transport  | Oil  | Condensate                         | Gas | Casinghead Gas |

The undersigned certifies that the rules and regulations of the Mississippi State Oil and Gas Board have been complied with in drilling and producing operations on this drilling unit, except as noted above, and that the above transporter is authorized to transport the above specified percentage of the allowable oil or gas produced from the above described drilling unit and that this authorization will be valid until further notice or until cancelled by the State Oil and Gas Board.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

State of \_\_\_\_\_

\_\_\_\_\_  
Signature of Affiant

County of \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath, states that he is duly authorized to make the above report and that he has knowledge of the facts stated herein, and that said report is true and correct.

Subscribed and sworn to before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

SEAL

Signature \_\_\_\_\_

Notary Public in and for \_\_\_\_\_

County \_\_\_\_\_

My commission expires \_\_\_\_\_