

**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:	

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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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:	

Field:	Operator Name:	Filing Date:
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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 \_\_\_\_\_