



STATE OIL AND GAS BOARD OF ALABAMA

Operator's Certificate of Compliance and Authorization to Transport Oil, Gas, or Condensate from Well

Form OGB-12, Rev. 07/13 (File in triplicate)

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Permit Number API Number (If multiple wells, list in remarks or on attachment)

Name of Operator

Address City State Zip

1. Well name and number 2. County

3. Well Location (surface) (give footage from nearest section or offshore tract lines) Section-Township-Range or Tract

4. Field (if wildcat, so state)

5. The above named operator hereby authorizes (Name of Transporter)

Whose principal place of business is (Street) (City) (State) (Zip)

And whose field address is

To transport % of the (oil, gas, condensate) produced from the well designated above until further notice.

Mode of transportation (pipeline, truck) Custody transfer point (include meter point if applicable)

Other transporters transporting (oil, gas, condensate) from the well(s) are: (name of transporter) % (name of transporter) %

6. Name of purchaser if different from transporter

Address City State Zip

Table with 2 columns: Person to contact regarding this form, and Phone number, Fax number, E-mail address.

Remarks:

The undersigned certifies that the above transporting agent is authorized to transport the above specified percentage of the allowable oil, gas, or condensate produced from the above described well(s) in accordance with the regulations of the State Oil and Gas Board of Alabama Administrative Code and that this authorization will be valid until further notice or until canceled by the Board, and the undersigned further certifies that the conservation laws of the State of Alabama and all rules, regulations, and orders of the Board have been complied with in respect to the well covered by this report.

Executed this the day of , 20 Signature

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/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this day of , 20

SEAL Notary Public in and for

My commission expires County,

ACTION OF STATE OIL AND GAS BOARD

APPROVED BY DATE