FORM R-4

REV. 10/00

STATE OF LOUISIANA

OFFICE OF CONSERVATION

OPERATOR'S CERTIFICATE OF COMPLIANCE AND
AUTHORIZATION TO TRANSPORT OIL FROM
PRODUCTION FACILITY

PAGE _____ OF _____ PAGES

COMPLETE THIS BLOCK ONLY IF THIS FILING IS AN ATTACHMENT OR A CORRECTION AND THE PREVIOUSLY APPROVED FORM R-4 IS TO REMAIN ACTIVE: (CHECK BOX IF APPLICABLE)

☐ THIS FILING IS TO BE ATTACHED TO AND MADE PART OF FORM R-4 APPROVED ON _____

OPERATOR:

NOTE: Before this certificate can be approved, all operator, well and production facility names must be in exact agreement with that as shown on the permit to drill and the applicable orders issued by the Office of Conservation.

DISTRICT - AREA CODE _____ DISTRICT - AREA _____ PARISH _____

FIELD CODE _____ FIELD _____

OPERATOR CODE _____ OPERATOR _____ AREA CODE _____ TELEPHONE NUMBER _____

OPERATOR STREET ADDRESS (P.O. BOX) _____ OPERATOR CITY AND STATE _____ OPERATOR ZIP CODE _____

PRODUCTION FACILITY CODE _____ PRODUCTION FACILITY NAME _____

TRANSPORTER

FORMER TRANSPORTER CODE	FORMER TRANSPORTER	CURRENT TRANSPORTER CODE	CURRENT TRANSPORTER	% of total

LEASE/UNIT NAME

LUW CODE	OPERATOR CODE	LEASE/UNIT NAME	COMMINGLING ORDER NO.	PRODUCT

REMARKS:

APPROVAL DATE: _____, 20_____

OFFICE OF CONSERVATION

BY: _____

MINERAL PRODUCTION MANAGER

STATEMENT OF COMPLIANCE:

The undersigned certifies that the above transporting agent is authorized to transport the above specified percentage of the allowable oil produced from the above described property in accordance with the regulations of the Office of Conservation of Louisiana, and that this authorization will be valid until further notice or until cancelled or suspended by the Office of Conservation of the State of Louisiana, and the undersigned further certifies that the conservation laws of the State of Louisiana and all rules, regulations, and orders of the Office of Conservation, have been complied with in respect to the property covered by this report.

AFFIANT _____ TITLE _____

COMPANY OR OPERATOR _____

DATE: _____, 20_____