OFFICE OF MINERAL RESOURCES
STATE OF LOUISIANA
BATON ROUGE, LA

FORM D
Assignments and Transfers of State Leases
State Lease No(s). _____

Designation of Joint Account Lessee

Pursuant to State Mineral and Energy Board Resolution dated September 10, 1975, when a State Lease becomes owned by two or more lessees by assignment, sublease, or other such transfer, such lessees shall designate in writing to the Board the lessee representing the joint account of the lessees. Such Joint Account Lessee shall have authority to sign lease documents on behalf of all lessees for the discharge of the indivisible obligations of the lessees required by the state lease.

_____ is hereby appointed as the Joint Account Lessee for State Lease No(s). _____. Joint Account Lessee has full authority to sign lease documents on behalf of all lessees for the discharge of the indivisible obligations of lessees required by the state lease.

****Note: Joint Account Lessee must be a working interest owner****

ALL WORKING INTEREST OWNERS MUST SIGN (ATTACH ADDITIONAL PAGES IF NECESSARY)

ASSIGNEE 1:
Legal Name of Assignee: _____

Louisiana Secretary of State Name (if different): _____

Authorized Agent of Assignee:

_____ _____
Name Title

_____ _____
Signature Date

ASSIGNEE 2:
Legal Name of Assignee: _____

Louisiana Secretary of State Name (if different): _____

Authorized Agent of Assignee:

_____ _____
Name Title

_____ _____
Signature Date

ASSIGNEE 3:
Legal Name of Assignee: _____

Louisiana Secretary of State Name (if different): _____

Authorized Agent of Assignee:

_____ _____
Name Title

_____ _____
Signature Date

ASSIGNEE 4:
Legal Name of Assignee: _____

Louisiana Secretary of State Name (if different): _____

Authorized Agent of Assignee:

_____ _____
Name Title

_____ _____
Signature Date

ASSIGNEE 5:
Legal Name of Assignee: _____

Louisiana Secretary of State Name (if different): _____

Authorized Agent of Assignee:

_____ _____
Name Title

_____ _____
Signature Date

ASSIGNEE 6:
Legal Name of Assignee: _____

Louisiana Secretary of State Name (if different): _____

Authorized Agent of Assignee:

_____ _____
Name Title

_____ _____
Signature Date

ASSIGNEE 7:
Legal Name of Assignee: _____

Louisiana Secretary of State Name (if different): _____

Authorized Agent of Assignee:

_____ _____
Name Title

_____ _____
Signature Date

ASSIGNEE 8:
Legal Name of Assignee: _____

Louisiana Secretary of State Name (if different): _____

Authorized Agent of Assignee:

_____ _____
Name Title

_____ _____
Signature Date

ASSIGNEE 9:
Legal Name of Assignee: _____

Louisiana Secretary of State Name (if different): _____

Authorized Agent of Assignee:

_____ _____
Name Title

_____ _____
Signature Date

ASSIGNEE 10:
Legal Name of Assignee: _____

Louisiana Secretary of State Name (if different): _____

Authorized Agent of Assignee:

_____ _____
Name Title

_____ _____
Signature Date

ASSIGNEE 11:
Legal Name of Assignee: _____

Louisiana Secretary of State Name (if different): _____

Authorized Agent of Assignee:

_____ _____
Name Title

_____ _____
Signature Date

ASSIGNEE 12:
Legal Name of Assignee: _____

Louisiana Secretary of State Name (if different): _____

Authorized Agent of Assignee:

_____ _____
Name Title

_____ _____
Signature Date

ASSIGNEE 13:
Legal Name of Assignee: _____

Louisiana Secretary of State Name (if different): _____

Authorized Agent of Assignee:

_____ _____
Name Title

_____ _____
Signature Date

ASSIGNEE 14:
Legal Name of Assignee: _____

Louisiana Secretary of State Name (if different): _____

Authorized Agent of Assignee:

_____ _____
Name Title

_____ _____
Signature Date

ASSIGNEE 15:
Legal Name of Assignee: _____

Louisiana Secretary of State Name (if different): _____

Authorized Agent of Assignee:

_____ _____
Name Title

_____ _____
Signature Date

ASSIGNEE 16:
Legal Name of Assignee: _____

Louisiana Secretary of State Name (if different): _____

Authorized Agent of Assignee:

_____ _____
Name Title

_____ _____
Signature Date

ASSIGNEE 17:
Legal Name of Assignee: _____

Louisiana Secretary of State Name (if different): _____

Authorized Agent of Assignee:

_____ _____
Name Title

_____ _____
Signature Date

ASSIGNEE 18:
Legal Name of Assignee: _____

Louisiana Secretary of State Name (if different): _____

Authorized Agent of Assignee:

_____ _____
Name Title

_____ _____
Signature Date