***AUTHORIZATION FOR RELEASE OF ANALYSIS DATA***

**A separate form is required for each Data Service Provider.**

**DATA SERVICE PROVIDER:**

|  |
| --- |
| **CONTACT INFORMATION** |
| NAME:       | TITLE:       |
| PHONE:       | EMAIL:       |

You are hereby authorized as the Data Service Provider, to send SemCAMS analysis data for the following wells and all future tie-ins to SemCAMS facilities. SemCAMS requires the ability to receive this data on a regular basis in a format compatible for upload to SemCAMS field data capture system (PGAS).

**WELL INFORMATION:**

|  |  |
| --- | --- |
| **FACILITY OPERATOR** | **STREAM DESCRIPTION** |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

If the last current analysis available is prior to the Date of this authorization, the Data Service Provider is authorized to send the last analysis available for this well, to ensure that SemCAMS receives the most current analysis available.

Product Owner (Legal Name):

Name (Print):

Signature:

Phone:

Email:

Attn: Joan Easton

SemCAMS Measurement

 measurement@semgroupcorp.com

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