***NOTICE OF TAKE IN KIND - GAS***

Date: Click here to enter a date.

Producer Name:

To: SemCAMS/Operator

Facility: Choose an item.

Attention: Facility Contact (send PDF copy to contact(s) in table below)

Re: Notice of Take in Kind – Gas

**TAKE IN KIND SCHEDULE:**

|  |
| --- |
| SHIPPER:  Product Owner must have shipper arrangements on both APL and TCPL  Pooled Sales Gas – UWI detail not required as includes all wells at SemCAMS operated facility |
| Priority #1 Fill:       (Shipper: TCPL or APL)  Priority #2 Fill:       (Shipper: TCPL or APL)  Priority #3 Fill:       (Shipper: TCPL or APL)  Priority #4 Fill:       (Shipper: TCPL or APL)  Effective Month of Shipper Contract: Click here to enter a date. |
| EXCEPTION #1 SHIPPER:  Pooled Sales Gas Exceptions/Dedications – UWI’s listed below for exclusion from the Pool TIK directions |
| Priority #1 Fill:       (Shipper: TCPL or APL)  Priority #2 Fill:       (Shipper: TCPL or APL)  Priority #3 Fill:       (Shipper: TCPL or APL)  Priority #4 Fill:       (Shipper: TCPL or APL)  Effective Month of Shipper Contract: Click here to enter a date. |
| EXCEPTION #2 SHIPPER: |
| Priority #1 Fill:       (Shipper: TCPL or APL)  Priority #2 Fill:       (Shipper: TCPL or APL)  Priority #3 Fill:       (Shipper: TCPL or APL)  Priority #4 Fill:       (Shipper: TCPL or APL)  Effective Month of Shipper Contract: Click here to enter a date. |

**TAKE IN KIND WELL LIST SCHEDULE (Pooled Sales Gas Exceptions/Dedications Only)**

Pooled Sales Gas: TIK directions apply to all Wells at the SemCAMS Operated Facility (excludes **Pooled Sales Gas Exception/Dedicated Wells which are to be listed below**).

Pooled Sales Gas **Exceptions/Dedications:** TIK directions apply to only the list of E**xception/Dedicated** wells listed below.

**WELL LIST SCHEDULE (Pooled Sales Gas Exceptions/Dedications Only):**

|  |  |
| --- | --- |
| **#1 POOLED SALES GAS EXCEPTION/DEDICATED UWI(s):**  **INTERVAL/LSD-SECTION-TOWNSHIP-RANGE,MERIDIAN/EVENT SEQUECE** | **WORK INTEREST OWNERSHIP**  **(5 decimal points)** |
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| **#2 POOLED SALES GAS EXCEPTION/DEDICATED UWI(s):**  **INTERVAL/LSD-SECTION-TOWNSHIP-RANGE,MERIDIAN/EVENT SEQUECE** | **WORK INTEREST OWNERSHIP**  **(5 decimal points)** |
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Allocate ***Product*** as per the ***Take in Kind Schedule*** and ***Well List Schedule*:**

If additional information is required contact ***Product Owner Name/Take in Kind Agent***,

Regards,

,

(Product Owner Signature)

Product Owner (Legal Name):

Name (Print):

Phone:

Email:

**FACILITY CONTACTS:**

|  |  |  |
| --- | --- | --- |
| **K3 PLANT** | **KA PLANT** | **WFC PLANT** |
| Plant CSO  [K3dailygas@semgroupcorp.com](mailto:K3dailygas@semgroupcorp.com) | Plant CSO  [KAdailygas@semgroupcorp.com](mailto:KAdailygas@semgroupcorp.com) | Plant CSO  [KAdailygas@semgroupcorp.com](mailto:KAdailygas@semgroupcorp.com) |
| Production Accounting  [productionaccounting@semgroupcorp.com](mailto:matashirang@semgroupcorp.com) | Production Accounting  [productionaccounting@semgroupcorp.com](mailto:matashirang@semgroupcorp.com) | Production Accounting  [productionaccounting@semgroupcorp.com](mailto:matashirang@semgroupcorp.com) |

**NOTE:**

1. **Take in Kind and if required, Take in Kind Agent must be received by the SemCAMS CSO five (5) business days prior to the start of the production month. The effective date will be on the 1st day of the production month.**
2. **This TIK form will be accepted as ongoing and will not require annual renewal unless you are making shipper changes.  The directions stated here will continue forward until further notice from the Producer.**
3. **\*If you are not an original product owner then the Notice of Take in Kind Gas must be accompanied by one or more of the following forms: Notice of Take in Kind Agent.**