***NOTICE OF TAKE IN KIND – LIQUID***

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 – Liquid

**TAKE IN KIND SCHEDULE:**

|  |
| --- |
| PRODUCT: C3+Product Owner must have shipper arrangements |
| 1st Shipper:       (Shipper Name)2nd Shipper:       (Shipper Name)3rd Shipper:       (Shipper Name)Effective Month of Shipper Contract: Click here to enter a date. |
| EXCEPTION C3+ SHIPPER:Liquid Exceptions/Dedications – UWI’s listed on Page 2 |
| Shipper:       (Shipper Name)Effective Month of Shipper Contract: Click here to enter a date. |

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| --- |
| PRODUCT: C5+Product Owner must have shipper arrangements |
| 1st Shipper:       (Shipper Name)2nd Shipper:       (Shipper Name)3rd Shipper:       (Shipper Name)Effective Month of Shipper Contract: Click here to enter a date. |
| EXCEPTION C5+ SHIPPER:Liquid Exceptions/Dedications – UWI’s listed on Page 2 |
| Shipper:       (Shipper Name)Effective Month of Shipper Contract: Click here to enter a date. |

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| PRODUCT: SULPHURProduct Owner must have shipper arrangements |
| Shipper:       (Shipper Name)Effective Month of Shipper Contract: Click here to enter a date. |

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

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

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

**WELL LIST SCHEDULE (Exceptions/Dedications Only):**

|  |  |
| --- | --- |
| **C3+ EXCEPTION/DEDICATED UWI(s):****INTERVAL/LSD-SECTION-TOWNSHIP-RANGE,MERIDIAN/EVENT SEQUECE** | **WORK INTEREST OWNERSHIP** **(5 decimal points)** |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| **C5+ 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:***

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 CSOK3dailygas@semgroupcorp.com | Plant CSOKAdailygas@semgroupcorp.com | Plant CSOKAdailygas@semgroupcorp.com |
| Production Accountingproductionaccounting@semgroupcorp.com | Production Accountingproductionaccounting@semgroupcorp.com | Production Accountingproductionaccounting@semgroupcorp.com |

**NOTE:**

1. **Take in Kind and if required, Take in Kind Agent must be received by the SemCAMS CSO the 1st day of the previous month, for the next production month’s forecast. 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 Liquid must be accompanied by one or more of the following forms: Notice of Take in Kind Agent**
4. **Product Owner must have shipper arrangements on Pembina as per their Take In Kind**