

University Lands

Semi-Annual Additional Rentals Report

Operator Name: _____

Produced Water Disposal Contract No. _____

Reporting Period: _____ 1, 20____ through _____ 31, 20____

Payment Due Date: _____ 10, 20____

Reporting Month/Yr.

Monthly Volume

Total Disposal Volume =

Additional Rental Rate =

_____/bbl.

Payment Due =

\$_____

Report filed by: _____ Date: _____

Reporter Signature: _____

Phone No.: _____ e-mail: _____

University Lands

Fixed Additional Rentals Annual Report

Operator Name: _____

Produced Water Disposal Contract No. _____

Contract Initiation Date: _____, 20____

| <i>Operator Name</i> | <i>Lease Name</i> | <i>Well #</i> | <i>Well Location (footage/Sec/Blk/Survey)</i> |
|----------------------|-------------------|---------------|-----------------------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

TOTAL NUMBER OF WELLS _____

TOTAL PAYMENT DUE \$_____

Report filed by: _____ Date: _____

Reporter Signature: _____

Phone No.: _____ e-mail: _____