THE UNIVERSITY OF TEXAS SYSTEM

ELECTRONIC FILING CERTIFICATION AGREEMENT

FORM UT-6

Company Name ("Company")	**Company Number**	
Company Address (street address, city, state and zip code)		
Portal Administrator	**Administrator's Phone #**	**Administrator's Email Address**

Company represents that all information submitted electronically to University Lands ("UL") is the most current data available and that the data is true, correct, and complete, to the best of Company's knowledge, and a certification so stating shall be deemed to be attached to each document electronically transmitted. With respect to each document electronically transmitted to UL, Company further represents and warrants (1) that Company is the lessee or an authorized representative of the lessee under the relevant oil and gas leases and (2) that whoever submits each such document is an authorized representative of the Company. Additionally, the person signing this Electronic Filing Certification Agreement warrants and represents that he is authorized to execute this agreement on behalf of Company.

Company shall comply with all applicable provisions of Subchapter D, Chapter 66, Texas Education Code; the rules and regulations of the Board for Lease of University Lands and the Board of Regents of The University of Texas System; relevant oil and gas leases; and the Reporting Manual and Electronic Filing Instructions maintained by UL in connection with the electronic submission of documents to UL.

Company acknowledges that the person named as the portal administrator for electronic reporting is authorized to act on behalf of Company in this capacity.

Company acknowledges that it is company's responsibility to assure that all passwords are kept secure. Company hereby releases, and agrees to hold harmless and indemnify, the Board for Lease of University Lands, The University of Texas System, and their respective regents, members, employees, and agents from any loss, damage, or liability resulting from any unauthorized use of company's password or access to the electronic data submitted by or on behalf of company.

Signature _____ Date: _____
Company Representative

Name _____
Name of Company Representative (type or print)

Title _____
Title of Company Representative

E-Mail Address _____
E-Mail Address of Company Representative

Telephone # _____
Telephone Number of Company Representative

Please return to: Claudia Molina
PO Box 553
Midland, TX 79702-0553
Or fax to: 432-683-8780
Or email: CMolina@utsystem.edu

UNIVERSITY LANDS USE ONLY
REVIEWED BY:

Revised August 2017