

The University of Texas System
OIL /GAS CONTRACT BRIEF
FORM UT-5

Mail to: University Lands Accounting
P. O. Box 553
Midland, Texas 79702-0553

STATUTORY REQUIREMENTS

The lessee must provide to the board of regents a copy of every contract for the sale or processing of oil or gas and any subsequent agreement and amendment thereto, together with this completed summary form, within 30 days after the contract, agreement or amendment is made.

GENERAL INSTRUCTIONS

Please supply all required information in the spaces provided. If oil or gas is sold or processed under more than one contract, a separate Form UT-5 must be completed for each contract or contract amendment. Refer to reporting manual for instructions on how to complete this form.

Seller _____

Purchaser _____

Purchaser Contract # _____

County(ies) _____

Contract Term

Effective Date _____ Expiration Date _____

Automatic Extension Month to Month Notification Period _____

Provision Year to Year Notification Period _____

Other Explanation _____

Oil Contract

Delivery Point _____ LACT/Tank/Meter # _____

Pricing Information _____

(example: WTI/WTS Posting plus Bonus and/or Deemed Gravity, Platts, NYMEX)

Gas Contract

Type of Contract Non-Processed Gas Well Gas

Processed Casinghead Gas

Gas Processing Plant _____

Delivery Point _____

Meter # _____

Pricing Percent of Proceeds Residue % _____

Index NGL's % _____

Index Publication(s) _____ Index % _____

Other/Explanation _____

Additional Remarks _____

For University Use Only

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List all University leases covered by this contract.

University Lease Number	Railroad Commission Lease Number	Lease Name	Oil Grade [circle one]
_____	_____	_____	WTI / WTS
_____	_____	_____	WTI / WTS
_____	_____	_____	WTI / WTS
_____	_____	_____	WTI / WTS
_____	_____	_____	WTI / WTS
_____	_____	_____	WTI / WTS
_____	_____	_____	WTI / WTS
_____	_____	_____	WTI / WTS
_____	_____	_____	WTI / WTS
_____	_____	_____	WTI / WTS
_____	_____	_____	WTI / WTS
_____	_____	_____	WTI / WTS
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_____	_____	_____	WTI / WTS
_____	_____	_____	WTI / WTS
_____	_____	_____	WTI / WTS
_____	_____	_____	WTI / WTS
_____	_____	_____	WTI / WTS
_____	_____	_____	WTI / WTS
_____	_____	_____	WTI / WTS

Need more lines? Check here if additional pages are necessary and are attached as part of this form.

Return this form to: University Lands Accounting
 P.O. Box 553
 Midland, TX 79702-0553

I am an authorized representative of the lessee(s) under the University leases identified herein and represent and certify to the board of regents of The University of Texas System that the information provided on this form is true and correct.

Signature _____

Name (print) _____

Title _____

Company _____

Date _____

Phone Number _____

Fax Number _____

Mailing Address _____

Street Address _____

[Only if different than _____
 mailing address]

If you have questions about this form, refer to the Reporting Manual or contact University Lands - Accounting at (432) 684-4404.