

Tristream Energy, LLC - Midstream Checklist

Fax or e-mail to: Tony Catalano 281-240-0172, or acat@tristreamenergy.com

Date: _____ Producer Representative & Phone: _____

Producer Name: _____

Project Name: _____ Field Name: _____

Location (provide as many as possible)

Maps/plats (attach if available)

State: _____ County(ies): _____

Section, Township, Range: _____

Block: _____ Abstract: _____

Survey: _____

X,Y: _____ Latitude/Longitude: _____

Other description: _____

Land or Water Based (circle one) If water, approximate water depth (ft): _____

Gas Analysis (attach) Electricity available?: _____

Desired Services (check all that apply)

Dehydration: _____ Gas treating/processing: _____

Gas Gathering: _____ Oil Gathering: _____

Compression: _____ Desired suction pressure (psia): _____

Downstream Pipeline Name: _____

Downstream Pipeline normal operating pressure (psia): _____

Downstream Pipeline MAOP (psia): _____

Desired in service date: _____

Current Gas Production (Mcf/d): _____ Current Oil Production (Bpd): _____

Anticipated production rates (yearly average)

Gas (Mcf/d): 1st Year: _____ 2nd Year: _____ 3rd Year: _____ 4th Year: _____

Oil (Bpd): 1st Year: _____ 2nd Year: _____ 3rd Year: _____ 4th Year: _____

Does the producer own any existing midstream assets associated with this project? (circle)

pipelines dehydration equipment treating or processing equipment compressors

If yes, provide any known details: _____

Other comments _____

