



**REASSIGNMENT OF VOLUMES  
TERMINATION  
RMF2-T**

**PART 1: CLIENT INFORMATION**

1.1 \_\_\_\_\_ 1.2 \_\_\_\_\_  
ASSIGNEE CLIENT ID ASSIGNEE CLIENT NAME

1.3 DATE PREPARED \_\_\_\_\_  
YR. MO. DY.

1.4 \_\_\_\_\_ 1.5 \_\_\_\_\_  
CONTACT PERSON TELEPHONE

**PART 2: TERMINATION OF REASSIGNMENT OF VOLUMES FROM THE OWNER ACTIVITY STATEMENT**

2.1 \_\_\_\_\_ 2.2 \_\_\_\_\_  
ASSIGNOR CLIENT ID ASSIGNOR CLIENT NAME

2.3 STREAM ID \_\_\_\_\_  
PROV TYPE CODE

2.4 EUB FACILITY ID \_\_\_\_\_ 2.5 PRODUCTS \_\_\_\_\_ Per Original RMF2  
PROV TYPE CODE

2.6 EFFECTIVE DATE \_\_\_\_\_  
YR. MO. DY.

**PART 3: ALLOCATION PERCENTAGE**

3.1 PERCENTAGE OF ORIGINAL ALLOCATION FROM RMF2 \_\_\_\_\_

3.2 PERCENTAGE OF ORIGINAL ALLOCATION TO REVERT TO ASSIGNOR 100.00000

**PART 4: CERTIFICATION**

COMPLETION OF THIS FORM ACKNOWLEDGES ROYALTY RESPONSIBILITY WILL BE TRANSFERRED FROM THE ASSIGNEE TO THE ASSIGNOR. ASSIGNOR HAS BEEN CONTACTED AND INFORMED THAT REASSIGNMENT OF ROYALTY RESPONSIBILITY HAS BEEN TERMINATED AS OF EFFECTIVE DATE.

4.1 \_\_\_\_\_ 4.2 \_\_\_\_\_  
AUTHORIZED SIGNATURE DATE

4.3 \_\_\_\_\_ 4.4 \_\_\_\_\_  
NAME OF AUTHORIZED PERSON TITLE OF AUTHORIZED PERSON

4.5 \_\_\_\_\_ 4.6 \_\_\_\_\_  
ASSIGNOR CONTACT NAME ASSIGNOR CONTACT TELEPHONE