Month: _____

Operator: _____ **Operator Number:** _____

OPERATOR EXPENSE TRANSACTION FORM

This form is due by 12:00 P.M. CDT on the second business day of each month.

Forms submitted after the deadline may not be processed until the next calendar month's business.

Date	Lease Number (Required if expense is to be applied against entire working interest)	Individual Owner Number (Required only if expenses are to be collected for an individual owner)	TOTAL EXPENSE AMOUNT TO COLLECT
		TOTAL	

Return Form Options:

******PREFERRED*****Email:** Operator.Expense@CountryMark.com ******PREFERRED******

Fax: 812.838.8175 **Phone: 812.838.8509**

Mail To: CountryMark Refining & Logistics, LLC
Attention: Division Order Dept-Katie Denning
1200 Refinery Road, Mount Vernon, Indiana 47620