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BOARD OF COUNTY COMMISSIONERS OKLAHOMA COUNTY 320 ROBERT S KERR AVE FL 119 OKLAHOMA CITY, OK 73102-3441



# 0000089 00530 0002-0006 DP66STAT051425014310 00 L 00000097

# Phillips 66 Company Division Order

Phillips 66 Company P O Box 5400 Bartlesville, OK 74005-5400 918-977-6002 DivisionOrder@p66.com

Owner Number: P90014096

05/14/2025

Return to Phillips 66 Company

BOARD OF COUNTY COMMISSIONERS OKLAHOMA COUNTY 320 ROBERT S KERR AVE FL 119 OKLAHOMA CITY, OK 73102-3441

You can view your check detail at https://www.energylink.com. If you are already a registered user on EnergyLink, you will see your check detail automatically once you login. If you have never used EnergyLink, https://www.energylink.com/Public/Signup.aspx or call 1-888-573-3364 for help registering or logging in to your account.

The undersigned certifies the ownership of their decimal interest in production or proceeds as described on Exhibit A payable by Phillips 66 Company.

Phillips 66 Company shall be notified, in writing, of any change in ownership, decimal interest, or payment address. All such changes shall be effective the first day of the month following receipt of such notice.

Phillips 66 Company is authorized to withhold payment pending resolution of a title dispute or adverse claim asserted regarding the interest in production claimed herein by the undersigned. The undersigned agrees to indemnify and reimburse Phillips 66 Company for all claims arising from, and amounts attributable to, an interest to which the undersigned is not entitled.

Phillips 66 Company may accrue proceeds until the total amount equals \$100 or as required by applicable state statute. EFT payments will occur at \$25.

This Division Order does not amend any lease or operating agreement between the undersigned and the lessee or operator or any other contracts for the purchase of oil or gas.

In addition to the terms and conditions of this Division Order, the undersigned and payor may have certain statutory rights under the laws of the state in which the property is located.

Special Clause: The interest certified by the undersigned includes all oil (defined as crude oil and condensate) and proceeds derived from the sale of all oil and gas (defined as natural gas and casinghead gas) produced, including all substances produced with such oil and gas, attributable to the interest described herein. From the effective date and until further written notice, and subject to

the provisions herein, Phillips 66 Company or Phillips 66 Company's designated agent, is authorized to take or purchase such production and proceeds from the sale of oil and gas, in accordance with the division of interest described herein.

Additional Remarks:

Owner Signature(s):		Corrected Address
* **	(Owner Signature)	
<u> </u>	(Print Owner Name)	<del></del>
Owner(s) Tax ld Number(s)/SS	N:	
Owner Daytime Telephone #:	Political and a second field in	
Owner E-mail Address:		
Federal law requires you to fur	nish your Social Security or Ta	xpayer Identification Number, Failure to comply will

Federal law requires you to furnish your Social Security or Taxpayer Identification Number. Failure to comply will result in tax withholding, in accordance with Federal Law, and will not be refundable by Phillips 66 Company.



### **Phillips 66 Company Division Order**

Phillips 66 Company P O Box 5400 Bartlesville, OK 74005-5400 918-977-6002 DivisionOrder@p66.com

Owner Number: P90014096

05/14/2025

Retain for Your Records

**BOARD OF COUNTY COMMISSIONERS OKLAHOMA COUNTY** 320 ROBERT S KERR AVE FL 119 **OKLAHOMA CITY, OK 73102-3441** 

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The undersigned certifies the ownership of their decimal interest in production or proceeds as described on Exhibit A payable by Phillips 66 Company.

Phillips 66 Company shall be notified, in writing, of any change in ownership, decimal interest, or payment address. All such changes shall be effective the first day of the month following receipt of such notice.

Phillips 66 Company is authorized to withhold payment pending resolution of a title dispute or adverse claim asserted regarding the interest in production claimed herein by the undersigned. The undersigned agrees to indemnify and reimburse Phillips 66 Company for all claims arising from, and amounts attributable to, an interest to which the undersigned is not entitled.

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Additional Remarks:

Owner Signature(s):	Corrected Address					
(Owner Signature)						
(Print Owner Name)						
Owner(s) Tax Id Number(s)/SSN:						
Owner Daytime Telephone #:	P - 1					
Owner E-mail Address:						
Federal law requires you to furnish your Social Security or Taxpayer I	dentification Number, Failure to comply will					

72409

Retain for Your Records

result in tax withholding, in accordance with Federal Law, and will not be refundable by Phillips 66 Company.



PHILLIPS 66 COMPANY PO BOX 5400 BARTLESVILLE, OK 74005-5400

Phone: 918-977-6002 Fax: 918-977-6006

Email: DIVISIONORDER@P66.COM

### INSTRUCTIONS TO ALL INTEREST OWNERS

Dear Interest Owner,

Phillips 66 Company has enclosed a Division Order for your execution.

The attached document should not be altered in any way, except to correct spelling errors, unless accompanied by documentary evidence to support the change.

If your name and interest are correctly shown:

- 1. Sign your name as shown on the Division Order.
- 2. DO NOT DETACH THE EXHIBIT PAGE from the Division Order or Transfer Order if one is included.
- If your name has changed due to marriage or divorce, execute the Division Order using your present name and furnish a copy of the marriage certificate or divorce decree.
- If signing for a corporation, signature must be attested, corporate seal fixed and title of signatory party reflected.
- 5. If signed by agent, attorney-in-fact, guardian, or any party other than the named interest owner, a certified copy of the power of attorney or other evidence of such party's right to sign must be furnished.
- Your correct mailing address should be noted in the space provided to insure prompt receipt of production proceeds.
- 7. Return completed and signed Division Order, W-9, and/or Electronic Funds Transfer Authorization Agreement (if applicable) to our team for review and processing.

Should you have further questions regarding the enclosed Division Order, please contact our Owner Relations Team.

Thank you,

Phillips 66 Company
Division Order Department
DivisionOrder@P66.com





Print Authorized Name

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PHILLIPS				New	Chang	ę	Cance			
<b>66</b>	ELECTRON	IC FUNDS TE	ANSFER A	UTHORI	ZATION A	GREEM	ENT			
OWNER INFORMATION	Please note al	sections of the	om must be f	illed out le	gibly and cor	npletely				
OWNER NAME				PHILLIPS	66 OWNER NUM	MBER				
MAILING ADDRESS (STATEMENTS, PA	YMENT DETAILS, ETC.	СПҮ		STATE	ZIP					
IRS TAXPAYER ID (FEIN, SSN)	TAXPAYER ID (FEIN, SSN)  TELEPHONE  FAX				x					
E-MAIL ADDRESS										
Bank Account type:	Checking	Savin	gs 🔲							
* * IMPORTANT: You must co	mplete section	A or B for you	ır payments	to be ele	ectronically	deposite	ed.			
A) Take this form to your financial institution. If a voided check is not attached or if depositing into a savings account, your financial institutions direct deposit must provide the information below and match it with the name and FEIN or SSN number above to ensure no delay due to incorrect bank routing information. You may email or fax the completed form to Phillips 66.  Bank Routing Number (9 digits) Checking / Savings Account Number					Return completed form to: Phillips 66 Company Attn: Vendor Master DivisionOrder@p66.com PO Box 5400 Bartlesville, OK 74005					
bank nouting number (2 digits)	Checking	Javings Account	Number	Fax-	Fax- (918) 977-6006					
Bank Representative Name (Print) Bank Representative Signature			Phil Divis	For questions contact: Phillips 66 Owner Relations Uni DivisionOrder@p66.com Phone: (918) 977-6002						
Date Phone Nu	mber	Name of Financial Institution			Fax: (918) 977-6006					
B) Attach an original voided check must match the name name must be printed on the bank statement, or letter issued in the completed form to the Please attached	provided at the top e check. If the name led from the bank s ection A. We canno ne address provide	of this form. No is not printed on tating the trust na t accept your sui d.	e: If the Phillips the check pleas me is listed on omission of a v	ownership se provide t the accoun olded chec	o is listed as a to pank issued do t. You may als :k by email o	rust the tru ocumentation o have the r fax, pleas	ist on,			
authorize Phillips 66 Company and pecified. This authority will remain inancial institution arrangement by Phillips 66 Owner Relations Unit. NC	in effect until I have completing a new	filed a new auth Electronic Funds	orization. I unde Fransfer Author	erstand that ization Agr	t I can change eement form	my accoun available fro	t or			
Print Authorized Name	Αι	thorized Signat	ure	_		Date				

Authorized Signature

Date

Form (Rev. Merch 2024)
Department of the Treesury
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for Instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Beto	re you begin. For guidance related to the purpose of Form W-9, se	e Purpose of Form, below								
	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)									
Print or type, See Specific Instructions on page 3.	2 Business name/disregarded entity name, if different from above.		***************************************							
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.  [ Individual/sole proprietor					4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payes code (# any)				
	classification of the LLO, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  Other (see instructions)					Exemption from Foreign Account Tax Comptiance Act (FATCA) reporting code (if any)				
	3b if on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, che this box if you have any foreign partners, owners, or beneficiaries. See instructions				(AppSes to accounts maintained outside the United States.)					
	5 Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)							
	6 City, state, and ZIP code									
	7 List account number(s) here (optional)				,,,			A-71-		
Par	Taxpayer Identification Number (TIN)	Pri Problem, marken militären kalmannen krittiganna opportitietel (i militarrappen protestel operation bekende	decembered FF of the land of t	9 Miller (1904 altra de comanda prima	***************		•	***************************************	managentianinamaning	
backu reside	rour TIN in the appropriate box. The TIN provided must match the rip withholding. For individuals, this is generally your social security materials after social security in allen, sole proprietor, or disregarded entity, see the instructions for it is your employer identification number (EIN). If you do not have ter.	umber (SSN). However, for or Part I later, For other	ora ta	Social se	curity r	umber				
Note:	if the account is in more than one name, see the instructions for line	1. See also What Name a	and [	Employer	mployer identification number					
Number To Give the Requester for guidelines on whose number to enter.					-					
Pari				······································	·			mailemann	<u> </u>	
	penalties of perjury, I certify that:									
2. fam Serv nok	number shown on this form is my correct taxpayer identification nu not subject to backup withholding because (a) I am exempt from b ice (IRS) that I am subject to backup withholding as a result of a fail anger subject to backup withholding; and	ackup withholding, or (b) i	have no	t haan n	ntifiant i	hy tha Ir	tarna	l Reve   me th	nue lat I am	
	a U.S. citizen or other U.S. person (defined below); and									
I. The	FATCA code(s) entered on this form (if any) indicating that I am exer	mpt from FATCA reporting	j is corre	ct.						
ocaus Icquisi	ration instructions. You must cross out item 2 above if you have beer a you have failed to report all interest and dividends on your tax return ition or abandonment of secured property, cancellation of debt, contrib an interest and dividends, you are not required to sign the certification	. For real estate transaction utions to an individual retin	ns, item 2 ement ar	2 does no rangeme	t apply.	For mo	rtgage more	e intere	est paid, ments	
Sign Here	Signature of U.S. person	Dá				- Citada A., paragona				
Gen	eral Instructions	New line 3b has be	en adde	d to this t	orm. A	flow-th	rough	entity	is	
Section	references are to the Internal Revenue Code unless otherwise	required to complete to foreign partners, owne	tnie line ers, or bi	to indical eneficiari	is that is	t has di n it prov	rect o rides t	r Indire the Fo	ect rm W-9	

# Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9. What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to Indicate that it has direct or Indirect foreign partners, owners, or beneficiates when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

