

CDM-MOC-FORM: ANNEX 1

This annex is required at the 'request for registration' stage only and is submitted by the validating DOE together with CDM-MOC-FORM ("Modalities of communication statement").

SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project / programme of activities	Tres Hermanos Oil Field Gas Recovery and Utilization Project
Project / programme of activities reference number: <i>(if available)</i>	3208
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: PEMEX Exploración y Producción	
Address: Marina National 329-30, Col. Huasteca Deleg. Miguel Hidalgo 11311, Mexico D.F. Mexico	
Party (country authorizing participation): Mexico	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Ramiro	Telephone 1:
First name: Montserrat	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Carrera	Telephone 1:
First name: Jose Manuel	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Statoil	
Address: ST-FO F1 4100B Forusbeen 50,Forus 4035 Stavanger Norway	
Party (country authorizing participation): Norway	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Smith	Telephone 1:
First name: Samantha Jane	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Hurtado	Telephone 1:
First name: Raul	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):