

This Sworn Written Statement may be used by a claimant. If you need more space to complete this Sworn Written Statement, attach additional pages, and they will be incorporated into this document. Include your Claimant Number or Social Security number/employer identification number on all additional pages.

A. CLAIMANT INFORMATION

Individual Claimant's Name or Business Name:

Halliburton/Transocean Punitive Damages & Assigned Claims Settlements Claimant Number:

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Address:

Street

City

State

Zip

Telephone Number:

(| | | |) | | | | - | | | | |

Social Security Number:

or

Individual Taxpayer Identification Number:

or

Employer Identification Number:

SSN or ITIN

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B. OYSTER LEASEHOLD INTEREST INFORMATION

Indicate the percentage in which you jointly held an interest in claimed oyster leases as of April 20, 2010 (In order to have the ownership percentage information presented in this SWS-4 considered as part of your award calculation, you must also submit adequate proof of claimed 2010 oyster leasehold(s)).

	Lease Number	Co-Tenant Leaseholder Name	Geographic Location	Acreage	Your Interest in Lease (%)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					

C. OYSTER NON-LEASEHOLDER/SUBLET HARVESTERS

Indicate all non-leaseholder harvesters as of April 20, 2010 (In order to have the leaseholder lost interest information presented in this SWS-4 considered as part of your award calculation, you must also submit (1) proof of oyster bed leasehold between 4/20/2010 and 12/31/2010; (2) 2010 tax returns; and (3) the contract/agreement for harvesting for Zone A, B, or C leases).

	Non-Leaseholder /Sublet Harvester Name	Lease Number	Geographic Location	Acreage
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				

D. SIGNATURE

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all the information I have provided in this Statement (and in any pages I have attached to or submitted with this Statement to provide additional information requested in this Statement) is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted with this Statement and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Statement may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

Date Signed:	_____ (Month/Day/Year)	_____ Signature _____ Name (Printed or Typed)
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