ARKANSAS OIL AND GAS COMMISSION

Submit Form To:
El Dorado Regional Office
P.O. Box 11510
El Dorado, Arkansas 71730

FORM 10 - Sheet 4
REFINER'S MONTHLY REPORT

Report of _____ For the Month of _____, 20 _____

MAIN OFFICE

Address _____ City _____ State ___ Zip _____

Contact Person _____ E-Mail _____ Phone _____ Fax _____
Typed or Clearly Printed Name

PLANT

Address _____ City _____ State ___ Zip _____

Contact Person _____ E-Mail _____ Phone _____ Fax _____
Typed or Clearly Printed Name

Detail Statement of Crude Oil Stocks at End of Month
(Barrels of 42 U.S. Gallons)

Tank No.	Capacity	Barrels	Tank No.	Capacity	Barrels
				GRAND TOTAL ALL STOCKS	**-**

CERTIFICATE

I declare under the penalties of perjury that this report has been examined by me and to the best of my knowledge is true, correct, and complete.

_____
Signature

_____
Typed or Clearly Printed Name

For Instructions See Form 10 Sheet 1

Revised 02/16