ARKANSAS
OIL AND GAS
COMMISSION

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

FORM 16 A
RECEIPTS OF OIL TO BE TREATED AND STATEMENT OF TREATOR'S DELIVERIES OF CRUDE OIL

RECEIPT OF OIL

FIELD	NAME OF PRODUCER	LEASE NAME	TANK NO.	BARRELS
			TOTAL	**-**

DELIVERY OF OIL

		Disposition			
DELIVERY (PURCHASER OF OIL)	PLACE OF DELIVERY	Pipeline	Truck	Other	BARRELS
				TOTAL	**-**

For Instructions See Form 16

Revised 1/18