



**ARKANSAS
OIL AND GAS
COMMISSION**

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

**FORM 8 - Sheet 1
GASOLINE OR OTHER EXTRACTION PLANT 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

Report all Volumes in M.C.F. at 14.65 lbs. Per Square Inch Absolute

Intake Volume

	MCF
TOTAL GAS FROM OIL WELLS (Details on Sheet 2)	
TOTAL GAS FROM GAS WELLS (Details on Sheet 2)	
TOTAL GAS FROM OTHER SOURCES (Details on Sheet 2)	
TOTAL	-

Disposition of Residue

	MCF
PLANT FUEL	
RETURNED FOR LEASE FUEL	
SOLD OR OTHER DISPOSITION (Details Below)	
RETURN TO EARTH	
VENTED	
SHRINKAGE	
TOTAL	-

Detail of Sale or Other Disposition of Residue

Name of Purchaser or User	Address	Used For	MCF
TOTAL			-

Plant Production, Receipts, Deliveries and Stock in Barrels of 42 U.S. Gallons

Product	Opening Stock	Receipts	Production	Deliveries	Closing Stock
CRUDE OIL					
CONDENSATE					
GASOLINE					
BUTANE					
PROPANE					
KEROSENE					
OTHER					
TOTAL	0	0	0	0	0

REMARKS: _____

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

INSTRUCTIONS

The addresses of the producer, as required on this form, shall be clear and definite as to Post Office Box, Mailing Address, City, State, and Zip Code. Mailing address should include type of Roadway (i.e. Ave, St, Blvd,...), Direction of Roadway (i.e. North, South, East, West,...), correct spelling of Street and Street Number. The Telephone Number and Fax Number shall be either typed or clearly printed and include the Area Code.

A report on this form, including Sheet 2, shall be made by each operator of a Gasoline Plant, Cycling Plant, or any other Plant, at which Gasoline, Butane, Propane, Condensate, Kerosene, Oil or other Liquid Products are extracted from Natural Gas.

This report shall be filed on or before the 15th day of each calendar month and shall be complete as to data covering the calendar month next preceding the date of filing. An executed copy shall be filed with the Arkansas Oil and Gas Commission.

NOTE: "DELIVERIES" – show under "REMARKS" the name of the Transporter and quantity delivered to each, except deliveries to trucks may be reported in Total only.

On Sheet 2 of this form, group and report by lease the volumes of "Gas From Oil Wells," and the total thereof; group and report by well the volume of "Gas From Gas Wells" and the total thereof; report by each source the volume of "Gas From Other Sources" and total thereof; and report the Total Intake Volume From all Sources.

Make a separate report for each plant.