ARKANSAS
OIL AND GAS
COMMISSION

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

FORM 8 - Sheet 2
GASOLINE OR OTHER EXTRACTION PLANT MONTHLY REPORT

Report of _____ For the Month of _____, 20 _____

Contact Person _____ E-Mail _____ Phone _____ Fax _____

Report All Volumes in M.C.F. at 14.65 Lbs. Per Square Inch Absolute

Detail of Intake Volume

Operator	Well Name	Well No.	Type of Well	Location Sec	Twp	Rge	County	Allowable M.C.F.	Take M.C.F.
							TOTAL	-	-

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 8 Sheet 1

Revised 02/16