



**ARKANSAS
OIL AND GAS
COMMISSION**

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

**FORM 9 - Sheet 1
TRANSPORTER'S AND STORER'S MONTHLY REPORT**

Report of _____ For the Month of _____, 20____
 Address _____ City _____ State ____ Zip _____
 Contact Person _____ E-Mail _____ Phone _____ Fax _____

TOTAL STOCK 7 A.M. FIRST DAY OF MONTH	Barrels
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Receipts by Fields, by Leases - Total Each Field

Field	Name of Producer / Operator	Name of Lease	Barrels
TOTAL			-

Receipts From Other Sources

Received From	Place of Receipt	Barrels
TOTAL		-
TOTAL RECEIPTS		-
TOTAL STOCK FIRST OF PERIOD PLUS TOTAL RECEIPTS		-

Deliveries

To Whom	Place of Delivery	Barrels
TOTAL DELIVERIES		-
TOTAL STOCK 7 A. M. END OF PERIOD		-
SHORTAGE		
OVERAGE		
TOTAL DELIVERIES AND STOCKS PLUS SHORTAGE OR MINUS OVERAGE		-

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 is required of all Transporters of oil by pipeline, by water or by truck, and by all Storer's of oil, as defined by the rules and regulations. In case products are blended with oil, receipts of such products shall be reported separately.

The executed original report on this form shall be filed with the Arkansas Oil and Gas Commission, El Dorado, Arkansas, as soon after the first of the month as possible but never later than the 15th day of the calendar month and shall be complete as to data covering the calendar month next preceding the date of filing.

When delivery is made to a transporter, show under "To Whom" column the name of Transporters and the type of transportation.

Where the space in any section on Sheet 1 is insufficient use Sheet 2, 3, 4, or 5 and show in the applicable section the number of pages of Sheet 2, 3, 4, or 5 attached and made a part of this report.

If any space does not apply fill in the word "**NONE.**"

Do not use decimals or fractions of barrels in this report.