ARKANSAS OIL AND GAS COMMISSION

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

FORM 9 - Sheet 5
TRANSPORTER'S AND STORER'S MONTHLY REPORT

Report of _____ For the Month of _____, 20 _____

Address _____ City _____ State ___ Zip _____

Contact Person _____ E-Mail _____ Phone _____ Fax _____

Detail Statement of Stock on Hand at End of Period (Including Stocks in Transit)

Location	Tank No.	Size	Net Barrels	Location	Tank No.	Size	Net Barrels
		Total	**-**			**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