



OPERATOR'S MONTHLY REPORT OF OPERATIONS

Month of _____ Year _____ Address _____

OGCC Operator # _____ City _____ State _____ Zip _____

Name of Operator _____ Phone _____

*WATER DISPOSAL CODES:

M = Commercial Disposal P = Pit
 C = Central Disposal I = Injected

Check if data is revised. Report only revised wells Fax _____

API Number	Formation Code		QQ	Sec	OIL					Grav	Water Production/ Injection	Surf. Inj.(psig) Water	
	BOM	Produced			Sold	Adj	EOM	TBG	CSG				
Well Name and Number	Well Status	Days Prod	TWP	Range	GAS					BTU	Water Disposal Code*	Surf. Inj.(psig) Gas	
					Produced/ Injected	Flared	Used	Shrink	Sold			TBG	CSG

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

_____/_____/_____
 Print Name Signed Title (Please Print) Date (MM/DD/YYYY)



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