

FORM  
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Rev  
01/10

**State of Colorado**  
**Oil and Gas Conservation Commission**  
1120 Lincoln street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109

FOR OFFICIAL USE ONLY

**PAYMENT OF PROCEEDS – SALES VOLUME RECONCILIATION**  
**PAYOR CONTACT FORM**

This form may be submitted only by a payee legally entitled to payment from proceeds derived from the sale of oil, gas, or associated products from a well in Colorado. The payee is to complete this form (one form per well) and submit it to the payor issuing the payment. Operator addresses may be found at the COGCC website [cogcc.state.co.us](http://cogcc.state.co.us) at DATABASE under the category NAME, ADDRESS AND FINANCIAL ASSURANCE. This form must be submitted to the payor via certified mail. Using this form to request information will not replace the need for a financial audit.

**PAYEE INFORMATION**

NAME OF PAYEE: <input style="width: 90%;" type="text"/>			PHONE NO: <input style="width: 100%;" type="text"/>
ADDRESS: <input style="width: 90%;" type="text"/>			FAX: <input style="width: 100%;" type="text"/>
CITY: <input style="width: 150px;" type="text"/>	STATE: <input style="width: 30px;" type="text"/>	ZIP: <input style="width: 60px;" type="text"/>	E-MAIL: <input style="width: 150px;" type="text"/>
SIGNATURE: <input style="width: 90%;" type="text"/>			PAYEE NUMBER: <input style="width: 100%;" type="text"/>

**MINERAL INFORMATION**

WELL NAME: <input style="width: 150px;" type="text"/>	COUNTY: <input style="width: 150px;" type="text"/>
QTR/QTR    SEC:    TOWNSHIP:    RANGE:	API NUMBER: <input style="width: 150px;" type="text"/>
<input style="width: 150px;" type="text"/>	

**REQUEST FOR PAYMENT OF PROCEEDS INFORMATION**

Payee should mark appropriate entries to show missing information required by CRS 34-60-118.5. (Payee should also attach a copy of the checkstub with all applicable non-compliance details noted.)

The name, number, or a combination of name and number that identifies the lease, property, unit or well for which payment is being made.

The month and year during which the sale occurred.

The total quantity of product sold attributable to such payment, including the units of measurement.

The price received per unit of measurement. (Price per barrel in the case of oil and price per thousand cubic feet (MCF) or price per million British Thermal Units ("MMBTU") in the case of gas.)

The total amount of severance taxes and any other production taxes or levies applied to the sale.

The payee's interest in the sale, expressed as a decimal and calculated to at least the sixth decimal place.

The payee's share of the sale before any deductions or adjustments made by the payor or identified with the payment.

The payee's share of the sale after any deductions or adjustments made by the payor or identified with the payment.

An address and telephone number from which additional information may be obtained and questions answered.

**Additional Information Requested**

*[Note: This section asks for the additional information payee may request under 118.(2.5) as amended by HB 1180.]*

**Written explanation of deductions or adjustments over which payor has control or information, (whether or not identified with the payment), regarding:**

Meter calibration testing records

Production reporting records

**PAYMENT OF PROCEEDS - PAYOR RESPONSE**

The payor, , responded to this request on  (date) as required by CRS 34-60-118.5(2.5). (The payor must respond within 60 days.) I/we could not provide information concerning  for the following reasons:

Name

Contact Phone Number

**REQUEST FOR SALES VOLUME RECONCILIATION INFORMATION**

Payee should provide information at appropriate entries to request information regarding sales volume reconciliation.

**MINERAL INFORMATION**

<b>WELL NAME:</b> <input type="text"/>	<b>COUNTY:</b> <input type="text"/>
<b>QTR/QTR SEC: TOWNSHIP: RANGE:</b> <input type="text"/>	<b>API NUMBER:</b> <input type="text"/>

The payee requests the payor to provide a reconciliation between the following volumes:

	<u>GAS</u>	<u>OIL</u>
The month and year during which the sale occurred <input type="text"/> .	<input type="text"/>	<input type="text"/>
Volume reported as produced <input type="text"/> .	<input type="text"/>	<input type="text"/>
Volume reported as sold <input type="text"/> .	<input type="text"/>	<input type="text"/>
<b>Volumes shown as produced/sold do not agree with:</b>		
Volume reported to the COGCC <input type="text"/> .	<input type="text"/>	<input type="text"/>
Volume reported to another government agency <input type="text"/> .	<input type="text"/>	<input type="text"/>
Other information for sales reconciliation (specify request) <input type="text"/>	<input type="text"/>	<input type="text"/>

**SALES VOLUME RECONCILIATION - PAYOR RESPONSE**

The payor, , responded to this request on  (date). Produced volumes from this well/lease are higher/less than the sales volumes from this well/lease for the following reasons:

	Percentage of difference attributed to this cause.	
	<u>GAS</u>	<u>OIL</u>
Shrinkage during transport.	<input type="text"/>	<input type="text"/>
Used for compression during transport.	<input type="text"/>	<input type="text"/>
Line loss or fuel use from the gathering line during transport.	<input type="text"/>	<input type="text"/>
A portion of the natural gas was vented or flared or used as fuel during transport.	<input type="text"/>	<input type="text"/>
Contractual overages or underages from previous months were rectified during this sales period.	<input type="text"/>	<input type="text"/>
Sold by others.	<input type="text"/>	<input type="text"/>
Other (Please Specify): <input type="text"/>	<input type="text"/>	<input type="text"/>

The gas meter(s) at this well site or lease was last calibrated on? .

The gas meter(s) at the sales point was last calibrated on? .

**CERTIFICATION**

I hereby certify that the information provided on this form is, to the best of my knowledge, true, correct and complete.

Payor's Representative

Date