

COMMONWEALTH OF KENTUCKY

DEPARTMENT FOR NATURAL RESOURCES

DIVISION OF OIL AND GAS

P.O. BOX 2244

FRANKFORT, KY 40601 PHONE: (502) 573-0147

(NOTE: OPERATOR'S DATE AND SIGNATURE ARE REQUIRED)



**ANNUAL REPORT OF MONTHLY PRODUCTION
FOR NATURAL GAS AND/OR CRUDE OIL**

YEAR: _____

OPERATOR NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

REPORT GAS WELLS BY WELL; OIL WELLS BY WELL OR BY LEASE. IF REPORTING OIL PRODUCTION BY LEASE, ATTACH A LIST CONTAINING THE PURCHASER NUMBER AND ALL PERTINENT NUMBERS. THE PURCHASER NUMBER IS ASSIGNED TO THE LEASE BY THE PURCHASER FOR PRODUCTION PAYMENT. THE REPORTING OF PRODUCED GAS IS OPTIONAL.

PERMIT # _____ PURCHASER #: _____ IF BY LEASE, NUMBER OF WELLS _____
 FARM NAME: _____ COUNTY _____
 PRODUCTION FORMATION(S): _____

	PRODUCED GAS IN MCF	NET GAS IN MCF	NET OIL IN BARRELS	STATUS	
				PRODUCING	SHUT IN
JAN	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
FEB	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
MAR	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
APR	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
MAY	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
JUN	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
JUL	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
AUG	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
SEP	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
OCT	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
NOV	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
DEC	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL	_____	_____	_____		

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 FARM NAME: _____ COUNTY _____
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TOTAL	_____	_____	_____		

THE UNDERSIGNED HEREBY SWEARS OR AFFIRMS THAT THE FOREGOING INFORMATION GIVEN ON THIS REPORT IS TRUE AS HEREIN SET FORTH.

DATED THIS _____ DAY OF _____, 20_____.

SIGNATURE OF OPERATOR TITLE

PRINT OR TYPE SIGNATURE

OPERATOR NAME: _____ YEAR: _____

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