FORM NO 10-A R 6/09

GASOLINE OR OTHER EXTRACTION PLANT MONTHLY REPORT
(Continued)

Page: _____

Report Month and Year: _____

Company or Operator _____ Plant or Facility _____

DETAIL OF INTAKE VOLUME

FIELD / PRODUCER	Lease or Meter Station	Number of Wells	Oil or Gas Wells	Location			MCF (14.73 psi, 60° F)
				Sec	Twp	Rng	