



**ARKANSAS  
OIL AND GAS  
COMMISSION**

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

**FORM 8 - Sheet 2  
GASOLINE OR OTHER EXTRACTION PLANT MONTHLY REPORT**

Report of \_\_\_\_\_ For the Month of \_\_\_\_\_, 20 \_\_\_\_\_

Contact Person \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Report All Volumes in M.C.F. at 14.65 Lbs. Per Square Inch Absolute

Detail of Intake Volume

Operator	Well Name	Well No.	Type of Well	Location			County	Allowable M.C.F.	Take M.C.F.
				Sec	Twp	Rge			
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