



**ARKANSAS
OIL AND GAS
COMMISSION**

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

FORM 16

MONTHLY REPORT AND OPERATIONS STATEMENT FOR RECLAIMING AND TREATING PLANTS

Report of _____ at _____

for period 7:00 A.M. _____, 20 _____ to 7:00 A.M. _____, 20 _____

(Amounts shown below in barrels – 42 U.S. Gallons per barrel)

| Kind | Total Stock on Hand Beginning of Period | Receipts During Period | Runs to Treating Plant | Reclaimed Products | Deliveries | Loss and Fuel End of Period | Total Stock on Hand End of Period |
|-------|---|------------------------|------------------------|--------------------|------------|-----------------------------|-----------------------------------|
| | | | | | | 0 | 0 |
| | | | | | | 0 | 0 |
| Other | | | | | | 0 | 0 |
| | | | | | | 0 | 0 |

Tank Cleaner

Type or Clearly Print Name

INSTRUCTIONS

The executed original report on this form shall be filed with the Arkansas Oil and Gas Commission, El Dorado, Arkansas, as soon after the first of the month as possible but no later than the 15th day of the calendar month and shall be complete as to data covering the calendar month next preceding the date of filing.

DO NOT USE FRACTIONS OF BARRELS IN THIS REPORT

IF ANY SPACE DOES NOT APPLY, FILL IN THE WORD "NONE"

PLEASE USE TYPEWRITER IF POSSIBLE