



**ARKANSAS
OIL AND GAS
COMMISSION**

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

**FORM 10 - Sheet 1
REFINER'S MONTHLY REPORT**

Report of _____ For the Month of _____, 20 _____

Main Office

Address _____ City _____ State _____ Zip _____

Contact Person _____ E-Mail _____ Phone _____ Fax _____
Typed or Clearly Printed Name

Plant

Address _____ City _____ State _____ Zip _____

Contact Person _____ E-Mail _____ Phone _____ Fax _____
Typed or Clearly Printed Name

(Barrels of 42 U.S. Gallons)

Kind	Stock On Hand Beginning Of Month	Receipts (Details on Sheet 2)	Runs to Stills, Re-runs, And/Or Blended	Products Manufactured	Deliveries	Plant Use and Losses	Stock on Hand End of Month
CRUDE OIL							
CASINGHEAD GASOLINE							
GASOLINE							
KEROSENE							
GAS OIL							
FUEL OIL							
LUBRICATING OIL							
REFINERY DISTILLATE							
CRACKING STOCK							
OTHER PRODUCTS							
PROCESSING LOSSES							
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

INSTRUCTIONS

A report on this form, including Sheet 2, 3, and 4, is required of all refiners operating within the State of Arkansas.

The report shall be made monthly for each plant and shall be complete as to data covering the calendar month next preceding the date of filing. The executed original of said report shall be filed on or before the 15th day of the calendar month succeeding the calendar month covered by the report with Arkansas Oil and Gas Commission.

Do not use decimals or fractions of barrels on this report.