



**ARKANSAS
OIL AND GAS
COMMISSION**

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

**FORM 10 - Sheet 3
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

Detail Statement of Refinery Deliveries of Crude Oil
(Barrels of 42 U.S. Gallons)

Consignee	Destination	How Transported	Barrels
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