

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

**MONTHLY REPORT OF GASOLINE OR OTHER EXTRACTION PLANT**

1. This form is to be submitted on or before the 25th day of each month covering the preceding month.
2. Report gas volumes in Mcf which have been measured at a pressure of 14.73 psi and at a temperature of 60 degrees Fahrenheit.

Report of (Plant Name): \_\_\_\_\_ For the Month of: \_\_\_\_\_ Year: \_\_\_\_\_  
 Address (Plant): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 OGCC Operator Number: \_\_\_\_\_ Facility Number: \_\_\_\_\_  
 Field Name: \_\_\_\_\_ County: \_\_\_\_\_

**INTAKE VOLUME**

Intake Volume from Oil Wells	_____	Mcf
Intake Volume from Gas Wells	_____	Mcf
<b>TOTAL Intake Volume</b>	_____	<b>Mcf</b>

**DISPOSITION OF RESIDUE**

Plant Fuel	_____	Mcf
Returned for Lease Fuel	_____	Mcf
Sold or Other Disposition (Detail Below)	_____	Mcf
Returned to Earth	_____	Mcf
Vented	_____	Mcf
Shrinkage	_____	Mcf
<b>TOTAL</b>	_____	<b>Mcf</b>

**DETAIL OF SALE OR OTHER DISPOSITION OF RESIDUE**

	Name of Purchaser or User	Address	Used For	MCF
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
<b>Total</b>				

**PLANT PRODUCTION, RECEIPTS, DELIVERIES, FLARE AND STOCK IN 42-GAL. BARRELS**

Product	Opening Stock	Receipts	Production	Deliveries	Flare	Closing Stock

Remarks, if any: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Name of Operator: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_