

PURCHASER OR TAKER'S ANNUAL GAS REPORT



PURCHASER OR TAKER (Full name as registered)				PURCHASE YEAR	
ADDRESS (P.O. Box or Street Address)					
CITY				STATE	
WELL LOCATION					
County:		Town:		Field:	
	Owner	Meter Number	MCF Purchased	MCF Transported for End-User(s)	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Gas volumes reported above are corrected to a pressure of _____ psia and to a temperature of _____ °F.					
Remarks:					
<p>I hereby affirm under penalty of perjury that I am _____ (title) of _____ (organization); that I am authorized by that organization to make this report, that this report was prepared under my supervision and direction; and that the information provided in this report is true to the best of my knowledge and belief . I am aware that false statements made in this report are punishable pursuant to Section 210.45 of the Penal Law.</p>					
_____ Signature of Authorized Representative		_____ Print or Type Name of Authorized Representative		_____ Date	