



# STATE OIL AND GAS BOARD OF ALABAMA

## Transporter's and Storer's Monthly Report

Form OGB-16, Rev. 07/13  
(File in duplicate)

Name of transporter \_\_\_\_\_ Month of \_\_\_\_\_, 20 \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Product transported \_\_\_\_\_  
 (oil, gas condensate, butane, propane, etc.)

Person to contact regarding this form	Phone number	
	Fax number	
	E-mail address	

Barrels or Mcf (1,000 cubic feet)

Total Stock 7:00 a.m. first of month

RECEIPTS BY FIELDS*			
Field	Name of operator	Well name and number	Barrels or Mcf
<b>TOTAL</b>			

\* Give receipts by wells or receiving facilities within each field and give the total for each field

Transporter \_\_\_\_\_

Total receipts from fields (page 1) \_\_\_\_\_

Barrels or Mcf

RECEIPTS FROM OTHER SOURCES		
Received from	Place of receipt	Barrels or Mcf
TOTAL		

Total Receipts \_\_\_\_\_

Stock 7:00 a.m. beginning of period plus receipts \_\_\_\_\_

DELIVERIES		
To whom	Place of delivery	Barrels or Mcf
TOTAL		

Total Stock 7:00 a.m. end of period (show stock and location below) \_\_\_\_\_

Shortage \_\_\_\_\_

Overage \_\_\_\_\_

Total Deliveries and Stock plus shortage or minus overage \_\_\_\_\_

STOCK	
Location	Barrels
TOTAL	

Remarks: \_\_\_\_\_

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ Signature \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

SEAL Notary Public in and for \_\_\_\_\_

My commission expires \_\_\_\_\_ County, \_\_\_\_\_