



**ARKANSAS
OIL AND GAS
COMMISSION**

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

**FORM 16 - Sheet B
DETAIL STATEMENT OF TREATOR'S DELIVERIES OF CRUDE OIL**

Report of _____

Address _____

(Barrels of 42 U. S. Gallons)

TO WHOM	PLACE OF DELIVERY	BARRELS
	TOTAL	