



**ARKANSAS  
OIL AND GAS  
COMMISSION**

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

**FORM 9 - Sheet 2  
TRANSPORTER'S AND STORER'S MONTHLY REPORT**

Report of \_\_\_\_\_ For the Month of \_\_\_\_\_, 20\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Contact Person \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Receipts by Fields, by Leases - Total Each Field**

Field	Name of Producer / Operator	Name of Lease	Barrels
<b>Total</b>			-

**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