



**ARKANSAS  
OIL AND GAS  
COMMISSION**

Submit Form To:  
Headquarters Office  
2215 West Hillsboro  
El Dorado, Arkansas 71730

**FORM 9 - Sheet 5  
TRANSPORTER'S AND STORER'S MONTHLY REPORT**

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

**Detail Statement of Stock on Hand at End of Period (Including Stocks in Transit)**

Location	Tank No.	Size	Net Barrels	Location	Tank No.	Size	Net Barrels
			-				-
<b>Total</b>			-	<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