

**OIL OR GAS  
 QUARTERLY PRODUCTION REPORT**

This report is due by the end of the succeeding month ending the quarter regardless of the status of the well.

Quarter Ending: \_\_\_\_\_  
 Permit Number: \_\_\_\_\_ County: \_\_\_\_\_  
 Well Name/Number: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Land Surface Owner: \_\_\_\_\_

Month	Oil (Bbl)	Gas (Mcf)	Saltwater (Bbl)
Total			

Comments: (if checked "Yes"  
 provide an explanation)

Signature Required

Repairs       Yes       No

\_\_\_\_\_  
 Name

Leaks         Yes       No

\_\_\_\_\_  
 Title

Spills         Yes       No

\_\_\_\_\_  
 Date

Fire           Yes       No

\_\_\_\_\_  
 Company

Vandalism     Yes       No

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