**Type or print using black or dark blue ink**

**Check purpose of filing**

- □ Partially unitized lease
- □ Other (specify_________)
- □ Check here if CORRECTED Report page ___ of ___

### Field Name (List Alphabetically)

<table>
<thead>
<tr>
<th>Lease name (List lease name in numerical order of lease no.)</th>
<th>RRC Oil or Lease No.</th>
<th>OIL – (whole barrels) Total for the Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>On hand beginning of the month</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Production</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>DISPOSITION</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Volume</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>On hand end of month</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Casinghead gas formation (MCF total of month)</strong></td>
</tr>
</tbody>
</table>

**OIL DISPOSITION CODES**

- 0 pipeline
- 1 truck
- 2 tank or car barge
- 3 tank cleansing
- 4 circulating oil
- 5 lost or stolen
- 6 sedimentation
- 7 other
- 8 skim liquid hydrocarbons
- 9 scrubber oil

**Certification**

- Name __________________________
- (Type or print)________________________
- Signature ________________
- Title ____________________________
- Phone (____________)__________
- Signature Date __________

I certify that I am authorized to make this report, that it was prepared by me or under my supervision and direction, and that the information stated herein is true, correct, and complete to the best of my knowledge.