Oil&Gas Form 11

Florida Department of Environmental Protection

Form Title:

MONTHLY PRODUCER'S NATURAL GAS REPORT

Date Revised:

March, 1998

File this report with Oil and Gas Program, 2600 Blair Stone Road, MS 3588, Tallahassee, Florida 32399-2400; (Phone 850/245-8336), within 30 days subsequent to report period. Email: OGP@dep.state.fl.us Field/Area: Month _____ Year ____ Producer: _____ Field Office Address/Phone: PRODUCTION: (Report all volumes in MCF at 14.65 PSI pressure and 60°F) Well Name Permit County Allowable MCF Production MCF and Number Number **GRAND TOTALS DISPOSITIONS** UTILIZATION MCF Producer's Field Operations Reserved by Lessors Vented to Atmosphere from Gas Wells Vented to Atmosphere from Oil Wells Others (Denote) **SALES or DELIVERIES Company Name** Address **GRAND TOTALS** PRODUCER'S STATEMENT _____, am the ___ (Name) (Title) ____, and attest that all information contained herein is true and correct.

Signature:

Date: