

Florida Department of Environmental Protection	<div style="text-align: right; font-weight: bold; font-size: small;">Oil&Gas Form 12</div> PRODUCER'S REPORT OF CONDENSATE PRODUCED FROM GAS WELLS Form Title: _____ Date Revised: March, 1998
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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. Or, Email: OGP@dep.state.fl.us

Field/Area: _____ Month _____ Year _____

County: _____ Producer (Mailing Address/Phone): _____

REPORT COLUMNS BELOW BY WELLS
(Report all volumes in MCF at 14.65 PSI pressure and 60°F)

Well Name and Number	Permit Number (1)	Oil or Condensate Produced (Bbls) (2)	_ API (3)	Total Gas Produced (MCF) (4)	Gas/Oil Ratio (Cu. Ft. per Barrel) (5)	Name of Company Taking Gas or Other Dispositions (6)
TOTALS						

REPORT COLUMNS BELOW BY LEASES

Lease Name	Oil or Condensate on Hand at Beginning of Month (Bbls) (7)	Total Oil or Condensate Produced During Month (Barrels) (8)	Run to Pipe Lines (Barrels) (9)	Other Disposals (Barrels) (10)	Oil or Condensate on Hand at End of Month (Barrels) (11)	Acres <small>(Use back of form if additional space is needed)</small>	Name of Person or Company Taking Oil or Condensate (12)

Remarks:

PRODUCER'S STATEMENT

County: _____

State: _____

I, _____, am the _____

(Name) (Title)

of _____, and attest that all information contained herein is true and correct.

(Company)

Date: _____

Signature: _____