

MISSISSIPPI STATE OIL & GAS BOARD MONTHLY GAS REPORT

Field	Reservoir	County
Company		Month

ACQUISITION						
Producer	Lease	Wells Reported		Production M.C.F.		
		Oil - Total No.	Gas - Well No.	Oil Well	Gas Well	Total
Total						

DISPOSITION			
Use	Company	Address	Total
Fuel			
Lease Use			
Extraction Plant			
Transmission Line			
Vented or Flared			
Other (Detail)			
Total			

Remarks:

Note: All volumes must be corrected to a pressure of _____ psia and to a temperature of _____ °F. This report shall be made by the person who takes gas through a meter at the well head. If gas is taken into a gasoline plant, use Form No. 11 G-9.

Executed this the _____ day of _____, 20 _____.

State of _____
 County of _____

 Signature of Affiant

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath, states that he is duly authorized to make the above report and that he has knowledge of the facts stated herein, and that said report is true and correct.

Subscribed and sworn to before me this _____ day of _____, 20 _____.

SEAL
 My commission expires _____

Signature _____
 Notary Public in and for _____
 County _____

**MISSISSIPPI STATE OIL & GAS BOARD
 MONTHLY GAS REPORT
 FORM 12**