TYPE OR PRINT USING DARK INK **RFAD INSTRUCTIONS

MONTHLY PRODUCTION REPORT

Form PR

06/2019

KLADINSTRUC	<u></u>		RAIL	ROAD COMMISSION OF TEXAS Oil and Gas Division 1701 N. Congress		00/2013	
Operator Name Operator Address			P.O. Box 12967- Capitol Station Austin, Texas 78711-2967 http://rrc.texas.gov	P-5 Operator No.	RRC District No.		
				m m y y y y y Production Month/Year	0	Fill here if	
City	State	Zip			Troduction monthly real		Corrected Report
EXACTLY AS SHOWN ON RRC RECORDS				OIL/CONDENSATE (wi	hole barrels) – Total for Month CASINGHEAD GAS/GAS W		

EXACTLY AS SHOWN ON RRC RECORDS				OIL/CONDENSATE (whole barrels) – Total for Month CASINGHEAD GAS/GAS WELL GAS								
(If multiple Volumes/Codes exist, put them on next line)				*SEE BACK FOR EXPLANATION OF DISPOSITION CODES* (MCF) -Total for Month					r Month			
Field Name (list alphabetically) O/G/P RRC Identifier [Lease/Gas Commingling			On hand,	On hand, Production Disposition On hand, end			On hand, end	Fori	Formation Disposition			
Lease Name (for gas, provide well #)	[Oil/Gas/	ID/ Drill Permit/API#]	Permit # or	beginning of		Volume	Code	of month	Proc	duction	Volume	Code
	Pending]		LSE Total(T)	month								
1	2	3	4	5	6	7	8	9	10		11	12
											 	
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DO 14		IN THIS AREA		I WINIT					 	101 1111	12 114 11113	
DO N	OT WRITE	IN THIS AREA	D	O NOT WRIT	E IN THIS AR	REA			1 OQ	NOT WRI	ITE IN THIS	AREA
											 	
											†	
	I	I	I.						l			
DEMARKS Attach shoot if mare space is peeded				Drint Name				Signature				·

Title ______ Phone ()______ 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.

Supplementary Attachment to FORM PR

Field Name	RRC Gas ID#	API # for	Gas Production	Condensate Production
Lease Name	(For PR reporting)	Stacked Lateral	(MCF)	(OIL)