

Oil Conservation Division
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of _____ Month & Year _____

Address _____

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)		
PLANT NAME	LOCATION	BARRELS

TOTAL ALL PLANTS

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)		
PLANT NAME	LOCATION	BARRELS

TOTAL ALL PLANTS

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)		
FROM	TO	BARRELS

TOTAL ALL PLANTS

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)		
PLANT NAME	LOCATION	BARRELS

TOTAL ALL PLANTS

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Signature _____ Printed Name & Title _____ Date _____ Telephone No. _____

E-mail Address _____

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PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

Permit Number	Lease Operator	Lease Name	Gross Vol. Sediment Oil	Net Bbls. P.L. Oil Recover.