

OGB - 15
INSTRUCTIONS

Read Carefully and Comply Fully

This report shall be filed in duplicate with the State Oil and Gas Board on or before the 28th day of the month immediately following the month covered by this report and shall be complete as to data covering the calendar month immediately preceding the date of filing.

In unitized fields, indicate total number of wells utilized in unit operations during the month.

The addresses of the producer, as required on this report, shall be clear and definite as to street number, city, and state.

All amounts of gas shall be reported in Mcf computed at 14.65 psia pressure and 60°F.

All amounts of condensate shall be reported in barrels of 42 U.S. gallons.

Do not use fractions of barrels or Mcf in this report. Make a separate report for each field or pool. Under Well Status, use the following symbols: (F) Flowing; (P) Pumping; (G) Gas Lift; (SI) Shut In; (TA) Temporarily Abandoned; (NW) New Well; and (PA) Plugged and Abandoned Well.

State Oil and Gas Board personnel will not make additions to or change any part of a notarized form.

Operator _____

Month of _____, 20____

DISPOSITION			
Gas Utilization	(Mcf)	Condensate Utilization	(bbls)
Operator's field operations -----		Operator's field operations -----	
Vented to Atmosphere		Others (denote) -----	
Nonhydrocarbon gas -----		Others (denote) -----	
Hydrocarbon gas -----		Deliveries to transporter (Name of company & address)	
Shrinkage -----			
Others (denote) -----			
Others (denote) -----			
Deliveries to transporter (Name of company & address)			
		Total	
		Produced Water Utilization	(bbls)
		Injection by disposal well -----	
		Others (denote) -----	
Total		Total	
Remarks:	Executed this the _____ day of _____, 20____		
	Signature _____		
	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/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.		
	Subscribed and sworn to before me this _____ day of _____, 20____		
	SEAL _____		
	My commission expires _____	Notary Public in and for _____	
		County, _____	

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