

**COMMONWEALTH OF KENTUCKY**  
**DEPARTMENT FOR NATURAL RESOURCES**  
**DIVISION OF OIL AND GAS**  
**300 SOWER BLVD.**  
**FRANKFORT, KY 40601    PHONE: (502) 573-0147**



**ANNUAL REPORT OF MONTHLY PRODUCTION  
FOR NATURAL GAS AND/OR CRUDE OIL**

**OPERATOR #:** \_\_\_\_\_

**YEAR:** \_\_\_\_\_

**OPERATOR NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

*Gas wells must be reported by permit number. Oil wells can be reported individually by permit number or lease. If reporting by lease, attach a list containing the lease name, permit numbers, and purchaser number. All wells must be included on this report regardless of well status. Incomplete forms will be returned for corrections. Forms are due by April 15th. Attach a separate sheet if you wish to provide Produced Gas in MCF.*

PERMIT # _____	PURCHASER # _____	IF BY LEASE, NUMBER OF WELLS _____	
FARM NAME: _____		COUNTY _____	
PRODUCTION FORMATION(S): _____			
	GAS VOLUME SOLD IN MCF	OIL VOLUME SOLD IN BARRELS	STATUS PRODUCING    SHUT IN
JAN	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
FEB	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
MAR	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
APR	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
MAY	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
JUN	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
JUL	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
AUG	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
SEP	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
OCT	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
NOV	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
DEC	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
<b>TOTAL</b>	_____	_____	

PERMIT # _____	PURCHASER # _____	IF BY LEASE, NUMBER OF WELLS _____	
FARM NAME: _____		COUNTY _____	
PRODUCTION FORMATION(S): _____			
	GAS VOLUME SOLD IN MCF	OIL VOLUME SOLD IN BARRELS	STATUS PRODUCING    SHUT IN
JAN	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
FEB	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
MAR	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
APR	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
MAY	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
JUN	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
JUL	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
AUG	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
SEP	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
OCT	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
NOV	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
DEC	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
<b>TOTAL</b>	_____	_____	

OPERATOR NAME \_\_\_\_\_ YEAR \_\_\_\_\_

PERMIT # _____	PURCHASER # _____	IF BY LEASE, NUMBER OF WELLS _____	
FARM NAME: _____		COUNTY _____	
PRODUCTION FORMATION(S): _____			
	GAS VOLUME SOLD IN MCF	OIL VOLUME SOLD IN BARRELS	STATUS PRODUCING    SHUT IN
JAN	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
FEB	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
MAR	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
APR	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
MAY	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
JUN	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
JUL	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
AUG	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
SEP	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
OCT	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
NOV	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
DEC	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
<b>TOTAL</b>	_____	_____	

PERMIT # _____	PURCHASER # _____	IF BY LEASE, NUMBER OF WELLS _____	
FARM NAME: _____		COUNTY _____	
PRODUCTION FORMATION(S): _____			
	GAS VOLUME SOLD IN MCF	OIL VOLUME SOLD IN BARRELS	STATUS PRODUCING    SHUT IN
JAN	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
FEB	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
MAR	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
APR	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
MAY	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
JUN	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
JUL	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
AUG	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
SEP	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
OCT	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
NOV	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
DEC	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
<b>TOTAL</b>	_____	_____	

PERMIT # _____	PURCHASER # _____	IF BY LEASE, NUMBER OF WELLS _____	
FARM NAME: _____		COUNTY _____	
PRODUCTION FORMATION(S): _____			
	GAS VOLUME SOLD IN MCF	OIL VOLUME SOLD IN BARRELS	STATUS PRODUCING    SHUT IN
JAN	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
FEB	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
MAR	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
APR	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
MAY	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
JUN	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
JUL	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
AUG	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
SEP	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
OCT	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
NOV	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
DEC	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
<b>TOTAL</b>	_____	_____	

OPERATOR NAME \_\_\_\_\_ YEAR \_\_\_\_\_

PERMIT # _____	PURCHASER # _____	IF BY LEASE, NUMBER OF WELLS _____	
FARM NAME: _____		COUNTY _____	
PRODUCTION FORMATION(S): _____			
	GAS VOLUME SOLD IN MCF	OIL VOLUME SOLD IN BARRELS	STATUS PRODUCING    SHUT IN
JAN	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
FEB	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
MAR	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
APR	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
MAY	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
JUN	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
JUL	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
AUG	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
SEP	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
OCT	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
NOV	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
DEC	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
<b>TOTAL</b>	_____	_____	

PERMIT # _____	PURCHASER # _____	IF BY LEASE, NUMBER OF WELLS _____	
FARM NAME: _____		COUNTY _____	
PRODUCTION FORMATION(S): _____			
	GAS VOLUME SOLD IN MCF	OIL VOLUME SOLD IN BARRELS	STATUS PRODUCING    SHUT IN
JAN	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
FEB	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
MAR	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
APR	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
MAY	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
JUN	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
JUL	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
AUG	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
SEP	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
OCT	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
NOV	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
DEC	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
<b>TOTAL</b>	_____	_____	

**THE UNDERSIGNED HEREBY SWEARS OR AFFIRMS THAT THE FOREGOING INFORMATION GIVEN ON THIS REPORT IS TRUE AS HEREINSET FORTH.**

**ATTACHMENT A, MAPPING INFORMATION OF TANK BATTERIES, MUST BE COMPLETED AND SUBMITTED WITH THE FORM.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINT OR TYPE SIGNATURE

\_\_\_\_\_  
DATE

# Attachment A

For Office Use Only
Tank Tracking No _____
Operator No _____

## Tank Battery Information

1. Tank Battery Location (decimal degrees)

Latitude N \_\_\_\_\_ Longitude W \_\_\_\_\_

2. County \_\_\_\_\_

3. Number of tanks in battery \_\_\_\_\_

4. Storage capacity of each tank (bbls) \_\_\_\_\_

5. Facility Berm/Dike type: Earthen  Concrete

Note: Berm or dike structure must be constructed in such a manner as to contain all fluids stored in facility (tank capacity)

6. Producing wells associated with tank facility

Permit  
Number

Farm  
Name

Well  
Number

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____