

PRODUCER'S MONTHLY SUPPLEMENTAL REPORT

P-1B
Rev. 9/1/90

Operator Name _____
 Operator Address _____
 City _____ State _____ Zip _____

RAILROAD COMMISSION OF TEXAS
Oil and Gas Division
 (1701 N. Congress)
 P.O. Drawer 12967 - Capitol Station
 Austin, Texas 78711-2967

P-5 Operator No. _____ RRC Dist. No. _____
 Production Month _____ 19____
 Check here if CORRECTED Page _____ of _____
 REPORT

TYPE OR PRINT USING BLACK OR DARK BLUE INK **CHECK PURPOSE OF FILING** Partially unitized lease Other (Specify _____) **READ INSTRUCTIONS ON BACK**

| 1 Field Name (list alphabetically) Lease Name (list lease name in numerical order of lease no.) | 2 RRC Oil Lease No. | 3 On hand, beginning of month | 4 OIL - (whole barrels) Total for Month | | | | 7 On hand end of month | 8 Casinghead gas formation production (MCF total for month) |
|---|------------------------|----------------------------------|--|--|--------------|-----------------|---------------------------|--|
| | | | DISPOSITION | | 6 C O D E | 5 Production | | |
| | | | Volume | | | | | |
| | | | | | | | | |

OIL DISPOSITION CODES

| | | |
|-------------------------|-------------------|----------------------------|
| 0 pipeline | 4 circulating oil | 7 other |
| 1 truck | 5 lost or stolen | 8 skim liquid hydrocarbons |
| 2 tank car or barge | 6 sedimentation | 9 scrubber oil |
| 3 tank cleaning net oil | | |

SEE BACK FOR EXPLANATION OF CODES

CERTIFICATION

Name (type or print) _____ Signature _____

Title _____ Phone (____) _____ Signature _____
 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.