

## GASOLINE PLANT OR PRESSURE MAINTENANCE PLANT MONTHLY REPORT

Operator			Address		
Plant Name		Field		County	
Month of	Type of plant	Av. intake capacity	Av. intake pressure	Av. tested gpm	Recovered gpm
		MCF	PSIA		

### SECTION I – INTAKE VOLUMES (MCF MONTHLY)

	Gas Wells	Casinghead	Total
1. No. of wells produced			
2. Gas into gathering system			
3. Deliveries from gathering system. (Total of section II)			
4. Gathering system to plant for processing			
5. Plant intake – from plant meters			
6. Loss or gain – Diff. between lines 4 & 5			
7. Gas from other sources (Detail in remarks)			
8. Refinery and storage vapors			
9. Net gas to plant for processing			

### SECTION II – DISPOSITION OF UNPROCESSED GAS FROM GATHERING SYSTEM (MCF MONTHLY)

	Gas Wells	Casinghead	Total
1. Fuel system & lease use			
2. Gas Lift			
3. Re-pressuring and pressure maintenance			
4. Transmission line			
5. Vented			
6. Other processing plants or carbon black plants			
7. Total			

### SECTION III – DISPOSITION OF RESIDUE GAS (MCF MONTHLY)

1. Extraction loss	2. Acid gas	3. Plant Fuel	4. Lease Fuel	5. Gas lift	6. Repressuring & press. maint.
7. Carbon black pl.	8. Other proc. pl.	9. Transmiss. Line	10. Shrinkage	11. Vented	12. Total

### SECTION IV – PLANT PRODUCTION, RECEIPTS, DELIVERIES, FLARE AND STOCK IN 42-GAL. BBLs.

Product	Open stock	Receipts	Production	Deliveries	Flares	Closing stock
Crude Oil						
Condensate						
Gasoline						
Kerosene						
Butane						
Propane						
Plant Loss						
Total						

Continued on Page 2

**MISSISSIPPI STATE OIL AND GAS BOARD**  
 Gasoline Plant or Pressure Maintenance Report  
 Form 11 – IOCC G-9  
 Authorized by Order No. 118-58 Effective November 1, 1958

**SECTION V-DETAIL OF DISPOSITION- DETAIL OF 3, 4, 6 SECTION II, 6 ,7, 8, 9 SECTION III**

Company	Use	Processed	Unprocessed

1.Reason for venting unprocessed gas

2.Reason for venting residue gas

3.

**SECTION VI – DETAIL OF MONTHLY GAS INTAKE (USE FORM ENTITLED “ DETAIL OF INTAKE VOLUME “ WHEN NECESSARY)**

Well Owner	Name of Lease	Kind of Gas	Well Number	Take MCF

**NOTE: All volumes must be corrected to a pressure of 15.025 psia and to a temperature of 60 ° F.**

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

State of \_\_\_\_\_

\_\_\_\_\_

Signature of Affiant

County of \_\_\_\_\_

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 is duly authorized to make the above report and that he 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 \_\_\_\_\_