

## IDAHO OIL AND GAS CONSERVATION COMMISSION OIL AND GAS MONTHLY PRODUCTION AND DISPOSITION REPORT



Operator:Address:City:				Report Period (Month/Year): State: Zip:								-		
	ntact Name:				Title:				Phone:				_	
Amended Report (Y/N)				Email: Amended (Month/Year):									_	
Identification				Production										
Well Name	US API Well	Facility ID	Field	<u>Oil/Condensate</u>					Gas					Water
					Disposition						Disposition			
				Beginning inventory (BBL)	Produced (BBL)	Volume (BBL)	Code	Ending Inventory	Formation Production (MCF)	BTU	Volume MCF	Code	Fuel Gas (MCF)	Produced (BBL)
											-			
		-												
											-			
		-												
			Totals:											
			Totals:	1	1			1	I					

CERTIFICATE: I, the undersigned, state that I am the: and that I am authorized by said company to make this report and that this report was prepared under my supervision and direction and that the facts stated herein are true, correct and complete to the best of my knowledge.

Disposition code:

DATE:

SIGNATURE:

\*\*\*\*\*IDL Office Use Only\*\*\*\*\*

Reviewed By: