

Operator:

IDAHO OIL AND GAS CONSERVATION COMMISSION OIL AND GAS MONTHLY GATHERING FACILITIES REPORT



Report Period (Month/Year):

Address:							
City:		State:			Zip:		
Contact Name:		Title:	:		Phone:		
Amended Report (Y/N)					Email: Amended (Month/Year):		
		RECEIPTS				FACILITY FUEL GAS	
Company Name	Facility / Well Name	API/Well Number	Gas (MCF)	Oil (BBLS)	Condensate (BBLS)	Gas (MCF)	
, ,			, ,	, ,	, ,	,	
		DELIVERIES					
Company Name	Facility Name	Facility ID	Gas (MCF)	Oil (BBLS)	Condensate (BBLS)		
company manne				J. (2220)			
CERTIFICATE: I, the undersigned					nake this report and that		
this report was prepared und	er my supervision and direction and	that the facts stated herein are	true, correct and compl	ete to the best of my kn	owledge.		
DATE:		SIGNATURE:					
	<u> </u>	*****IDL Office Use Only***	**		<u> </u>		
			_				
Reviewed By:		Date:					