

IDAHO OIL AND GAS CONSERVATION COMMISSION OIL AND GAS MONTHLY PROCESSING PLANT REPORT



Gas Operating Plant:											
Operator:							Report Period	l (Month/Year):			
Address:											
City:				State:			_	Zip:			
Contact Name:				Title:			_	Phone:			
								Email:			
Amended Report (Y/N)				Amended (Month/Year):							
RECEIPTS INTO PLANT]	DELIVERIES OUT OF PLANT						PLANT FUEL GAS	
Well Name	Entity	Wet Gas (MCF)	Condensate (BBLS)		Well Name	Entity	Residue Gas (MCF)	Condensate (BBLS)	NGL (gallons)		GAS (MCF)
										1	
				1						1	
				1						1	
										1	
				4						l	
Totals:						Totals:				1	

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.

DATE:

SIGNATURE:

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

Reviewed By:

Date: