DEPARTMENT of AGRICULTURE and NATURAL RESOURCES
Minerals & Mining Program
2050 West Main, Suite #1, Rapid City, SD 57702-2493
Telephone: 605-773-4201, FAX: 605-394-5317

Form 5

MONTHLY REPORT OF PRODUCTION FOR OIL AND GAS WELLS

(Due the 25th day of the month following production)

Report for month of _____ Field _____ Enhanced Recovery Unit_____

Operator Name _____ Telephone #_____

Address _____

Well Name & Location (Qrt-Qrt Sec, Tn-Rg)	API Number	Status*	Days Produced	Oil (bbls)	Total Gas (Mcf)	Marketed Gas (Mcf)	Water (bbls)	Total Oil on Hand at End of Month (bbls)

*Status Options: **PROD** = Producing, **SI** = Shut-In, **TA** = Temporarily Abandoned, **PA** = Plugged & Abandoned

Signature_____ Name (Printed)_____Title __ ____ _____
Date_____ _ _ __ ___

I hereby certify that the foregoing is a complete (unless otherwise indicated) and correct report of operations, disposal of products, and well status for the lease or property for the month shown above.