

Form 5



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MONTHLY REPORT OF PRODUCTION FOR OIL AND GAS WELLS

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

Report for month of			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, $\underline{SI} = S$	Shut-In, <u>T</u> A	$\underline{\mathbf{A}} = \text{Tempor}$	arily Aba	indoned,	PA = Plugge	ed & Aba	ndoned
SignatureDate	Name	Name (Printed)Title						

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.