



STATE OIL AND GAS BOARD OF ALABAMA

Monthly Report of Gas Injected / Withdrawn for Natural Gas Storage Facilities

Form OGB-17D, Rev. 07/13 (File in triplicate)

Name of operator _____ Month of _____, 20 _____
Address _____ City _____ State _____ Zip _____
Field _____ County _____

Table with contact information: Person to contact regarding this form, Phone number, Fax number, E-mail address

Main data table with columns: Well name and number, Permit number, Monthly gas injected (Mcf)*, Monthly gas withdrawn (Mcf)*, Gas in storage (Mcf)*, Average working pressure (psia). Includes a TOTAL row at the bottom.

Remarks:

* Mcf=1,000 cubic feet

Executed this the _____ day of _____, 20 _____ Signature _____

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this _____ day of _____, 20 _____

SEAL

My commission expires _____

Notary Public in and for _____ County, _____