OIL AND GAS CONSERVATION DIVISION PO Box 171 Oklahoma City, OK 73101 405-521-2331 ogadmin@occ.ok.gov



| Date | |
|-----------------------|--|
| Production Month/Year | |

OCC/OTC No.

Phone No.

INSTRUCTIONS

Operator

Name

Address

- 1. Type or use black ink.
- Operator must report oil runs from each zone on multiply-completed wells.
 Runs must be filed by the last day of the
- succeeding month.

Multi-Zone Lease Runs Report

OCC/OTC No.

Phone No.

OAC 165:10-13-7

Purchaser

Name

Address

| City | y State | | Zip | | у | | State | Zip | | |
|---|---------|--------------|-----------|-------|---|---------|-------------------|--------|--|--|
| Well Name/No. Sec-Twp-Rge | | Con True Don | Formation | | | API No. | OTC Prod Unit No. | Volume | | |
| Well Name/No. | | Sec-Twp-Rge | Form | ation | | API No. | OTC Prod Unit No. | Volume | | |
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| OPERATOR REPRESENTATIVE | | | | | | | | | | |
| | | | | | | | | | | |
| Signature Name & Title Typed or Printed | | | | | | | | | | |