PRINT

DIVISION OF MINERAL RESOURCES

PURCHASER OR TAKER'S ANNUAL GAS REPORT

NEW YORK STATE OF OPPORTUNITY. | Department of Environmental Conservation

PURCHASER OR TAKER (Full name as registered)			PURCHASE YEAR	
ADDRESS (P.O. Box or Street Address)				
CITY			STATE	ZIP CODE
WELL LOCATION				
County:	Town:		Field:	

	Owner	Meter Number	MCF Purchased	MCF Transported for End-User(s)	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Gas volumes reported above are corrected to a pressure of_____psia and to a temperature of_____°F.

Remarks:

I affirm under penalty of perjury that I am _____(title)

of _____(organization); that I am authorized by that organization to make this report, that this report was prepared under my supervision and direction; and that the information provided in this report is true to the best of my knowledge and belief . I am aware any false statement made in this report is punishable pursuant to Section 210.45 of the Penal Law.

_____	_____	_____
Signature of Authorized Representative	Print or Type Name of Authorized Representative	Date