



PURCHASER AND TRANSPORTER OF DRY GAS REPORT - FORM 8A

DEPARTMENT OF MINERAL RESOURCES
OIL AND GAS DIVISION
600 EAST BOULEVARD DEPT 474
BISMARCK, ND 58505-0614
SFN 5754 (03-2000)

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Amended

PLEASE READ INSTRUCTIONS BEFORE FILLING OUT FORM.

For Month/Year

PLEASE SUBMIT THE ORIGINAL.

Name of Transporter	Name of Purchaser		
Operator			Telephone Number
Address	City	State	Zip Code

Gas Plant Name or Well Name	Gas Plant ID Number or Well File Number	Field	MCF Received

Comments

I hereby swear or affirm that the information provided is true, complete and correct as determined from all available records.	Date
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Signature	Printed Name	Title
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Above Signature Witnessed By

Witness Signature	Witness Printed Name	Witness Title
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1. Gas plant name refers to the gas processing plant where dry gas is received.
2. The operator, gas plant name or well name, the gas plant ID number or well file number, and the field shall be used to identify the gas plant or well and shall coincide with the official records on file with the Commission.
3. The gas volumes shall be reported as MCF corrected to 14.73 psia and 60 degrees F.
4. The gas volumes shall be corrected to a pressure of 14.73 psia and 60 degrees F.
5. If this is an amended report, the amended volumes shall be clearly indicated.
6. The original of this report shall be filed with the Department of Mineral Resources, Oil and Gas Division, 600 East Boulevard, Dept. 474, Bismarck, ND 58505-0614 by the fifth day of the second succeeding month.