

STATE OF ALASKA
ALASKA OIL AND GAS CONSERVATION COMMISSION
FACILITY REPORT OF PRODUCED GAS DISPOSITION

1. Facility Number	2. Facility Name	3. Field	4. Operator	5. Month/Year of Disposition
Disposition		Volume MCF	20. For production from multiple pools, list contribution of each pool as a percent of Total Volume.	
6. Sold			Pool Name	Pool Code
7. Reinjecting				Percent
8. Flared or vented 1 hour or less				
9. Flared or vented more than 1 hour (see instr.)				
10. Pilot and Purge				
11. Assist Gas				
12. Fuel gas used in lease operations				
13. Other (see instructions)				
14. TOTAL VOLUME (ITEMS 6-13)			AOGCC Use Only	
15. NGL Gas Equivalent			Authorization >1 hr:	Safety: MCF
16. Purchased gas				Lease Use: MCF
17. Transferred from:				Conservation: MCF
18. Transferred to: (Express as a negative #)				Waste: MCF
19. Remarks:				
I hereby certify that the foregoing is true and correct to the best of my knowledge.			Revision?	Date of Revision:
Name: _____				
Title: _____				
Certified Signature: _____		Contact Phone: _____	Note: All volumes must be corrected to pressure of 14.65 psia and to a temperature of 60° F. Authority 20 AAC 25.235.	
		Contact Email: _____		