

ANNUAL PRODUCTION REPORT

State Form 56442 (12-17)

INDIANA DEPARTMENT OF NATURAL RESOURCES Division of Oil and Gas 402 W. Washington St., Rm. 293 Indianapolis, IN 46204 Telephone number: (317) 232-4055 FAX number: (317) 232-1550 Internet: http://www.in.gov/dnr/dnroil

PART I GENERAL INFORMATION									
Name of operator						Telephone numbe	er		
Address of operator (number and street) (Check here if this is a number of the street) Check here if this is a number of the strength of the					dress	s.) E-mail address			
City				St	tate			ZIP code	
Reporting Year Note				e: Reports must be filed by March 1 each year, beginning March 1, 2019.					
PART II		PROD	UCTI	ON LOCATION and REPORTING INFORMATION					
Name of Lease or Production Unit				Fluid Storage Facility					
Township	Range Land Type Land Number:			Pool or Field Name			County of Production		
LEASE NUMBER	LIST OF PERMITS OPERATING UNDER THIS LEASE NUMBER		5	REPORTING MONTH	TOTAL MONTHLY OIL PRODUCTION			OTAL MONTHLY AS PRODUCTION	
				January					
			Γ	February					
			Ī	March					
			Γ	April					
			Γ	May					
			Ī	June					
			Ī	July					
			Ī	August					
			Ī	September					
			Ī	October					
			Ē	November					
			F	December					
Name of Lease or Production Unit					Fluid Storage Facility Registration Number			ation Number	
Township	wnship Range Land Type			Pool or Field Name			County of Production		
	Land Number:								
LEASE		F PERMITS		REPORTING		TAL MONTHLY		DTAL MONTHLY	
NUMBER		ATING UNDER THIS E NUMBER	;	MONTH	OIL	L PRODUCTION	G	AS PRODUCTION	
				January					
]		Γ	February					
]		Γ	March					
				April					
				Мау					
				June					
				July					
				August					
				September					
			October						
				November					
			Γ	December					

PART II		PRODUCTIO	ON LOCATION and	REPORTING INFORMAT		
Name of Lease or Production Unit				Fluid Storage Facility	Registration Number	
Township	Range	Land Type Land Number:	Pool or Field Nam	le	County of Production	
LEASE			REPORTING	TOTAL MONTHLY	TOTAL MONTHLY	
NUMBER	OPERATING UNDER THIS LEASE NUMBER		MONTH	OIL PRODUCTION	GAS PRODUCTION	
		-	January			
			February			
			March			
			April			
			May			
			June			
			July			
			August			
			September			
			October			
			November			
			December			
Name of Lease or Production Unit				Fluid Storage Facility	Registration Number	
Township	Range Land Type Land Number:		Pool or Field Name		County of Production	
LEASE		F PERMITS	REPORTING	TOTAL MONTHLY	TOTAL MONTHLY	
NUMBER		ATING UNDER THIS	MONTH	OIL PRODUCTION	GAS PRODUCTION	
NOWIDER	LEASE NUMBER				GAS FRODUCTION	
			January			
			February			
			March			
			April			
			Мау			
			June			
			July			
			August			
			September			
			October			
			November			
	<u> </u>	Desider all 1	December			
Name of Lease or Production Unit				Fluid Storage Facility		
Township	Range	Land Type Land Number:	Pool or Field Nam		County of Production	
LEASE NUMBER	LIST OF PERMITS OPERATING UNDER THIS LEASE NUMBER		REPORTING MONTH	TOTAL MONTHLY OIL PRODUCTION	TOTAL MONTHLY GAS PRODUCTION	
			January			
			February			
			March			
			April			
			May			
			June			
			July			
			August			
			September			
			October			
			November			
			December			

PART II		PRODUCTIO	N LOCATION and	REPORTING INFORMA	TION (continued)	
	ease or P	roduction Unit		Fluid Storage Facility Registration Number		
Township	Range	Land Type Land Number:	Pool or Field Name		County of Production	
LEASE NUMBER	LIST OF PERMITS OPERATING UNDER THIS LEASE NUMBER		REPORTING MONTH	TOTAL MONTHLY OIL PRODUCTION	TOTAL MONTHLY GAS PRODUCTION	
			January			
			February			
			March			
			April			
			May			
			June			
			July			
			August			
			September			
			October			
			November			
			December			
Name of Le	ease or P	roduction Unit		Fluid Storage Facilit	y Registration Number	
Township	Range	Land Type Land Number:	Pool or Field Nar	ne	County of Production	
LEASE NUMBER	LIST OF PERMITS OPERATING UNDER THIS LEASE NUMBER		REPORTING MONTH	TOTAL MONTHLY OIL PRODUCTION	TOTAL MONTHLY GAS PRODUCTION	
			January			
			February			
			March			
			April			
			Мау			
			June			
			July			
			August			
			September			
			October			
			November			
			December			
PART IV			AFFIRMAT	ION		

I affirm under penalty of perjury that the information provided in this report is true to the best of my knowledge and belief.

Printed name of operator or authorized agent

Signature of operator or authorized agent

Date signed (month, day, year)

Special Requirements 1. Only those persons of

- Only those persons whose names appear in PARTS V or VI of the Organizational Report are authorized to sign this report.
- Attach as many copies of this page as needed. NOTE: Only the final page must have the signed Affirmation. 2.