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| DOG Logo | **ANNUAL PRODUCTION REPORT**State Form 56442 (12-17)**INDIANA DEPARTMENT OF NATURAL RESOURCES**Division of Oil and Gas402 W. Washington St., Rm. 293Indianapolis, IN 46204Telephone number: (317) 232-4055FAX number: (317) 232-1550**Internet:** [**http://www.in.gov/dnr/dnroil**](http://www.in.gov/dnr/dnroil) |
| **PART I GENERAL INFORMATION** |
| Name of operator       | Telephone number     -     -      |
| Address of operator *(number and street)* ([ ]  *Check here if this is a new address*.)        | E-mail address       |
| City       | State    | ZIP code       |
| Reporting Year      | ***Note: Reports must be filed by March 1 each year, beginning March 1, 2019.***  |
| **PART II PRODUCTION LOCATION and REPORTING INFORMATION** |
| 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****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 Lease or Production Unit       | Fluid Storage Facility Registration Number       |
| Township        | Range        | Land Type Land Number:     | Pool or Field Name   | County of Production      |
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|  |       | **January** |  |  |
| **February** |  |  |
| **March** |  |  |
| **April** |  |  |
| **May** |  |  |
| **June** |  |  |
| **July** |  |  |
| **August** |  |  |
| **September** |  |  |
| **October** |  |  |
| **November** |  |  |
|  |  | **December** |  |  |

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| **PART II PRODUCTION LOCATION and REPORTING INFORMATION *(continued)*** |
| Name of Lease or Production Unit       | Fluid Storage Facility Registration Number       |
| Township        | Range        | Land Type Land Number:     | Pool or Field Name   | County of Production      |
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| **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      |
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| **September** |  |  |
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| **November** |  |  |
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| Name of Lease or Production Unit       | Fluid Storage Facility Registration Number       |
| Township        | Range        | Land Type Land Number:     | Pool or Field Name   | County of Production      |
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| **October** |  |  |
| **November** |  |  |
|  |  | **December** |  |  |

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| **PART II PRODUCTION LOCATION and REPORTING INFORMATION *(continued)*** |
| Name of Lease or Production Unit       | Fluid Storage Facility Registration Number       |
| Township        | Range        | Land Type Land Number:     | Pool or Field Name   | County of Production      |
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| Name of Lease or Production Unit       | Fluid Storage Facility Registration Number       |
| Township        | Range        | Land Type Land Number:     | Pool or Field Name   | County of Production      |
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| **October** |  |  |
| **November** |  |  |
|  |  | **December** |  |  |

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