

**North Carolina Department of Environment and Natural Resources
Division of Energy, Mineral, and Land Resources
Energy Section - Oil and Gas Program**

1612 Mail Service Center, Raleigh, NC 27699-1612
Phone: (919) 707-9220
Fax: (919) 715-8801
Email: DEMLRoilandgas@ncdenr.gov

**Form
28**

Rev 03/2015

Oil & Gas Program Use Only	
Date:	<input type="text"/>
Received by:	<input type="text"/>
Document ID:	<input type="text"/>

Monthly Production Report

*Report due 60 days from
end of each month*

15A NCAC 05H.2201

Permittee Name:	<input type="text"/>	Phone:	<input type="text"/>
Company Name:	<input type="text"/>	Fax:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>
* Describe Other Type of Well: <input type="text"/>			

API Number:	<input type="text"/>	County:	<input type="text"/>	Production Month:	<input type="text"/>
Lease/Well Name:	<input type="text"/>	Nearest Town/City:	<input type="text"/>	Production Year:	<input type="text"/>
Well Number:	<input type="text"/>	Well Site Ingress/ Egress Location:	<input type="text"/>	Well Status:	<input type="text"/>

	<u>Oil (Bbls):</u>	<u>Condensate (Bbls):</u>	<u>Gas (MCF):</u>	<u>Produced Water (Bbls):</u>	<u>Number of Days in Production:</u>	Number of Storage Tanks:	<input type="text"/>
Total Production						Maximum Storage Capacity (Bbls):	<input type="text"/>

This form must be signed by the permittee or an authorized agent of the permittee.

Print Name: _____ Title: _____
Signature: _____ Date: _____