

TYPE OR PRINT USING DARK INK

**\*READ INSTRUCTIONS**

**MONTHLY PRODUCTION REPORT**

**Form PR**

02/2021

Operator Name		
Operator Address		
City	State	Zip

RAILROAD COMMISSION OF TEXAS  
 Oil and Gas Division  
 1701 N. Congress  
 P.O. Box 12967- Capitol Station  
 Austin, Texas 78711-2967  
<http://rrc.texas.gov>

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P-5 Operator No.

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RRC District No.

m	m	y	y	y	y
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Production Month/Year

Fill here if  
Corrected Report

EXACTLY AS SHOWN ON RRC RECORDS (If multiple Volumes/Codes exist, put them on next line)				OIL/CONDENSATE (whole barrels) – Total for Month <i>*SEE BACK FOR EXPLANATION OF DISPOSITION CODES*</i>				CASINGHEAD GAS/GAS WELL GAS (MCF) -Total for Month			
Field Name (list alphabetically) Lease Name (for gas, provide well #)	O/G/P [Oil/Gas/ Pending]	RRC Identifier [Lease/Gas ID/ Drill Permit/API#]	Commingling Permit # or LSE Total(T)	On hand, beginning of month	Production	Disposition		On hand, end of month	Formation Production	Disposition	
1	2	3	4	5	6	Volume	Code	9	10	Volume	Code
7	8	11	12								
<b>DO NOT WRITE IN THIS AREA</b>				<b>DO NOT WRITE IN THIS AREA</b>				<b>DO NOT WRITE IN THIS AREA</b>			
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**REMARKS – Attach sheet if more space is needed**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
 Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Date \_\_\_\_\_  
 I certify that I am authorized to make this report, that it was prepared by me or under my supervision and direction, and that the information stated herein is true, correct and complete to the best of my knowledge.

# Supplementary Attachment to FORM PR

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Parent RRC #

Field Name Lease Name	RRC Gas ID# (For PR reporting)	API # for Stacked Lateral	Gas Production (MCF)	Condensate Production (OIL)

