

TREATING PLANT OPERATOR'S MONTHLY REPORT

Report of _____ Month & Year _____

Address _____

TOTAL STOCKS PIPELINE OIL BEGINNING OF MONTH (Attach additional sheets if necessary)		
PLANT NAME	LOCATION	BARRELS
TOTAL ALL PLANTS		

TOTAL PIPELINE OIL RECOVERED (Attach additional sheets if necessary)		
PLANT NAME	LOCATION	BARRELS
TOTAL ALL PLANTS		

DELIVERIES PIPELINE OIL (Attach additional sheets if necessary)		
FROM	TO	BARRELS
TOTAL ALL PLANTS		

TOTAL STOCKS PIPELINE OIL END OF MONTH (Attach additional sheets if necessary)		
PLANT NAME	LOCATION	BARRELS
TOTAL ALL PLANTS		

I hereby certify that this report is true and complete to the best of my knowledge and belief.

Signature _____ Printed Name & Title _____ Date _____ Telephone No. _____

E-mail Address _____

Santa Fe Main Office
Phone: (505) 476-3441 Fax: (55) 476-3462
General Information
Phone: (505) 629-6116

State of New Mexico
Energy Minerals and Natural Resources

Form C-118
Revised October 11, 2022
Sheet 2

Online Phone Directory Visit:
<https://www.emnrd.nm.gov/ocd/contact-us/>

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

PIPELINE QUALITY OIL RECOVERED BY TREATING PLANTS

Permit Number	Lease Operator	Lease Name	Gross Vol. Sediment Oil	Net Bbls. P.L. Oil Recover.