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State of New Mexico
 Energy Minerals and Natural Resources

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

Form C-131A
 Revised August 1, 2011

File via OCD Permitting by 24th
 day of succeeding month.
 See Rule 19.15.7.39.

MONTHLY GAS STORAGE REPORT

 (Company)

 (Address)

NAME OF STORAGE PROJECT _____ COUNTY _____ Month/Year _____

WELL NAME AND NUMBER	LOCATION UNIT SEC. TWP. RANGE	MAXIMUM INJECTION PRESSURE	INJECTION (MCF)	WITHDRAWAL (MCF)

TOTALS

TOTAL CAPACITY (MMCF) _____

BEGINNING STORAGE (MMCF) _____

NET CHANGE (MMCF) _____

ENDING STORAGE (MMCF) _____

CALCULATED RESERVOIR PRESSURE AT END
 OF MONTH _____

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

Signature _____

Printed Name & Title _____

E-mail Address _____

Date _____ Telephone No. _____