

U.S. DEPARTMENT OF THE INTERIOR  
Minerals Management Service  
Minerals Revenue Management

REPORTER USE

MMS USE

**OIL AND GAS OPERATIONS REPORT  
PART A - WELL PRODUCTION  
(OGOR-A)**

INDIAN

|  |                                  |                                       |                                     |
|--|----------------------------------|---------------------------------------|-------------------------------------|
| REPORT TYPE: <input type="checkbox"/> ORIGINAL<br><input type="checkbox"/> MODIFY (DELETE/ADD BY LINE)<br><input type="checkbox"/> REPLACE (OVERLAY PREVIOUS REPORT) | MMS LEASE/AGREEMENT NUMBER: (11) | OR                                    | AGENCY LEASE/AGREEMENT NUMBER: (25) |
| PRODUCTION MONTH: (6) MMCCYY   | MMS OPERATOR NUMBER: (5)         | OPERATOR NAME: (30)                   |                                     |
| OPERATOR LEASE/AGREEMENT NAME: (30)  |                                  | OPERATOR LEASE/AGREEMENT NUMBER: (20) |                                     |

| LINE NUMBER                 | ACTION CODE (1) | API WELL NUMBER (12) |            |              |                | PRODUCING INTERVAL (3) | OPERATOR WELL NUMBER (15) | WELL STATUS CODE (5) | DAYS PRODUCED (2) | PRODUCTION VOLUMES       |               |                 | INJECTION VOLUME (BBL/MCF) (9) |
|-----------------------------|-----------------|----------------------|------------|--------------|----------------|------------------------|---------------------------|----------------------|-------------------|--------------------------|---------------|-----------------|--------------------------------|
|                             |                 | STATE (2)            | COUNTY (3) | SEQUENCE (5) | SIDE-TRACK (2) |                        |                           |                      |                   | OIL/CONDENSATE (BBL) (9) | GAS (MCF) (9) | WATER (BBL) (9) |                                |
| 1                           |                 |                      |            |              |                |                        |                           |                      |                   |                          |               |                 |                                |
| 2                           |                 |                      |            |              |                |                        |                           |                      |                   |                          |               |                 |                                |
| 3                           |                 |                      |            |              |                |                        |                           |                      |                   |                          |               |                 |                                |
| 4                           |                 |                      |            |              |                |                        |                           |                      |                   |                          |               |                 |                                |
| 5                           |                 |                      |            |              |                |                        |                           |                      |                   |                          |               |                 |                                |
| 6                           |                 |                      |            |              |                |                        |                           |                      |                   |                          |               |                 |                                |
| 7                           |                 |                      |            |              |                |                        |                           |                      |                   |                          |               |                 |                                |
| 8                           |                 |                      |            |              |                |                        |                           |                      |                   |                          |               |                 |                                |
| 9                           |                 |                      |            |              |                |                        |                           |                      |                   |                          |               |                 |                                |
| 10                          |                 |                      |            |              |                |                        |                           |                      |                   |                          |               |                 |                                |
| <b>TOTAL PRODUCTION (9)</b> |                 |                      |            |              |                |                        |                           |                      |                   |                          |               |                 |                                |
| <b>TOTAL INJECTION (9)</b>  |                 |                      |            |              |                |                        |                           |                      |                   |                          |               |                 |                                |

|  |                                     |                              |
|--|-------------------------------------|------------------------------|
| CONTACT NAME: (First, M.I., Last) (30) | TELEPHONE NUMBER: (10)<br>( ) ( - ) | EXTENSION NUMBER: (5)<br>( ) |
| AUTHORIZING SIGNATURE:                 | DATE: (8) MMDDCCYY                  | COMMENTS: (60)               |

**INSTRUCTIONS**  
**OIL AND GAS OPERATIONS REPORT**  
**PART A - WELL PRODUCTION**  
**(OGOR-A)**

**WHO MUST FILE**

- ° A separate report must be filed monthly (unless non-monthly reporting has been approved) by each designated operator of an offshore OCS, onshore, or Indian lease/agreement that contains active wells. Wells must be reported from the time drilling is concluded and the well status has changed to a completed, temporarily abandoned, or abandoned status and up until the status is changed to permanently plugged and abandoned.

**WHEN TO FILE**

- ° Reports must be received by the 15<sup>th</sup> of the second month following the production month (e.g., the report for June is due on August 15) for manual submissions. Electronic submissions must be received by the 25<sup>th</sup> of the second month following the production month.

**WHERE TO FILE**

Reports must be filed with:

Minerals Management Service  
Minerals Revenue Management  
P. O. Box 17110  
Denver, Colorado 80217-0110

**REFER TO THE PRODUCTION REPORTER HANDBOOK PRIOR TO COMPLETING THIS FORM.**

**Paperwork Reduction Act of 1995 (PRA) Statement:** The PRA (44 U.S.C. 3501 et seq.) requires us to inform you that we collect this information to corroborate oil and gas production and disposition data with sales and royalty data. Responses are mandatory (43 U.S.C. 1334). Proprietary information is protected in accordance with standards established by the Federal Oil and Gas Royalty Management Act of 1982 (30 U.S.C. 1733), the Freedom of Information Act [5 U.S.C. 552(b)(4)], and the Department regulations (43 CFR 2).

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this form is estimated at an average of 5 minutes/hour per report for electronic and manual reporting, including the time for reviewing instructions; gathering and maintaining data; and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Minerals Management Service, Mail Stop 4230, 1849 C Street, NW, Washington, DC 20240.