

NON-COAL QUARTERLY PRODUCTION REPORT

In accordance with Title 45 O.S. § 931

Quarter and Year Reporting **JAN, FEB, MAR** **20** _____ Permit # _____

Operator's Company Name: _____

Mailing Address _____
Street OR Box No. _____ City _____ State _____ Zip Code _____

Mine Name (if applicable) _____

Land Description: Section _____ Township _____ Range _____ County _____

Method of Mining: Auger _____ Dredging _____ Hydraulic _____ Quarrying _____ Stripping _____
Drag Line _____ Loading & Hauling _____ Room & Pillar _____

Mineral Produced _____

JANUARY	20	_____ Tons _____	X (times) \$0.0125 = \$ _____
FEBRUARY	20	_____ Tons _____	X (times) \$0.0125 = \$ _____
MARCH	20	_____ Tons _____	X (times) \$0.0125 = \$ _____
		Total Tonnage _____	Total Tonnage Fee \$ _____
Round to the nearest whole number. IF PAID THIRTY (30) DAYS AFTER QUARTER ENDS ADD 10% PENALTY. In accordance with Title 45 O.S. § 932.			
10% Penalty Fee \$ _____		Total Due \$ _____	

NUMBER OF INDIVIDUALS WORKING DURING EACH MONTH JAN _____ FEB _____ MAR _____

NUMBER OF DAYS THE MINE WORKED DURING EACH MONTH JAN _____ FEB _____ MAR _____

HAS AN ACCIDENT OCCURRED ON THE MINESITE DURING THIS QUARTER? YES NO

If yes, Departmental Rules require an accident report to be filed with the Department of Mines.

Contact the Oklahoma City Office IMMEDIATELY to complete an accident report, if it has not already been filed.

Name of Person filling out this report: _____ Phone # _____

Subscribed and sworn to me before this _____ day of _____ 20 _____

My commission expires _____

Commission No. _____ Notary Public _____

Check #	ODM Receipt #
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NON-COAL QUARTERLY PRODUCTION REPORT

In accordance with Title 45 O.S. § 931

Quarter and Year Reporting **APR, MAY, JUN** 20 _____ Permit # _____

Operator's Company Name: _____

Mailing Address _____
Street OR Box No. City State Zip Code

Mine Name (if applicable) _____

Land Description: Section _____ Township _____ Range _____ County _____

Method of Mining: Auger Dredging Hydraulic Quarrying Stripping
Drag Line Loading & Hauling Room & Pillar

Mineral Produced _____

APRIL 20 _____ Tons _____ X (times) \$0.0125 = \$ _____

MAY 20 _____ Tons _____ X (times) \$0.0125 = \$ _____

JUNE 20 _____ Tons _____ X (times) \$0.0125 = \$ _____

Total Tonnage _____ Total Tonnage Fee \$ _____

Round to the nearest whole number.

IF PAID THIRTY (30) DAYS AFTER QUARTER ENDS ADD 10% PENALTY.

In accordance with Title 45 O.S. § 932.

10% Penalty Fee \$ _____ Total Due \$ _____

NUMBER OF INDIVIDUALS WORKING DURING EACH MONTH APR _____ MAY _____ JUN _____

NUMBER OF DAYS THE MINE WORKED DURING EACH MONTH APR _____ MAY _____ JUN _____

HAS AN ACCIDENT OCCURRED ON THE MINESITE DURING THIS QUARTER? YES NO

If yes, Departmental Rules require an accident report to be filed with the Department of Mines.

Contact the Oklahoma City Office IMMEDIATELY to complete an accident report, if it has not already been filed.

Name of Person filling out this report: _____ Phone # _____

Subscribed and sworn to me before this _____ day of _____ 20 _____

My commission expires _____

Commission No. _____ Notary Public _____

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NON-COAL QUARTERLY PRODUCTION REPORT

In accordance with Title 45 O.S. § 931

Quarter and Year Reporting **JUL, AUG, SEPT** 20 _____ Permit # _____

Operator's Company Name: _____

Mailing Address _____
Street OR Box No. _____ City _____ State _____ Zip Code _____

Mine Name (if applicable) _____

Land Description: Section _____ Township _____ Range _____ County _____

Method of Mining: Auger _____ Dredging _____ Hydraulic _____ Quarrying _____ Stripping _____
Drag Line _____ Loading & Hauling _____ Room & Pillar _____

Mineral Produced _____

JULY	20	_____ Tons	_____ X (times) \$0.0125 = \$	_____
AUGUST	20	_____ Tons	_____ X (times) \$0.0125 = \$	_____
SEPTEMBER	20	_____ Tons	_____ X (times) \$0.0125 = \$	_____
		Total Tonnage _____	Total Tonnage Fee \$	_____
Round to the nearest whole number.				
IF PAID THIRTY (30) DAYS AFTER QUARTER ENDS ADD 10% PENALTY.				
In accordance with Title 45 O.S. § 932.				
10% Penalty Fee \$	_____	Total Due \$	_____	_____

NUMBER OF INDIVIDUALS WORKING DURING EACH MONTH JUL _____ AUG _____ SEPT _____

NUMBER OF DAYS THE MINE WORKED DURING EACH MONTH JUL _____ AUG _____ SEPT _____

HAS AN ACCIDENT OCCURRED ON THE MINESITE DURING THIS QUARTER? YES NO

If yes, Departmental Rules require an accident report to be filed with the Department of Mines.

Contact the Oklahoma City Office IMMEDIATELY to complete an accident report, if it has not already been filed.

Name of Person filling out this report: _____ Phone # _____

Subscribed and sworn to me before this _____ day of _____ 20 _____

My commission expires _____

Commission No. _____ Notary Public _____

Check #	ODM Receipt #
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NON-COAL QUARTERLY PRODUCTION REPORT

In accordance with Title 45 O.S. § 931

Quarter and Year Reporting **OCT, NOV, DEC** 20 _____ Permit # _____

Operator's Company Name: _____

Mailing Address _____
Street OR Box No. City State Zip Code

Mine Name (if applicable) _____

Land Description: Section _____ Township _____ Range _____ County _____

Method of Mining: Auger Dredging Hydraulic Quarrying Stripping
Drag Line Loading & Hauling Room & Pillar

Mineral Produced _____

OCTOBER 20 _____ Tons _____ X (times) \$0.0125 = \$ _____

NOVEMBER 20 _____ Tons _____ X (times) \$0.0125 = \$ _____

DECEMBER 20 _____ Tons _____ X (times) \$0.0125 = \$ _____

Total Tonnage _____ Total Tonnage Fee \$ _____

Round to the nearest whole number.

IF PAID THIRTY (30) DAYS AFTER QUARTER ENDS ADD 10% PENALTY.

In accordance with Title 45 O.S. § 932.

10% Penalty Fee \$ _____ Total Due \$ _____

NUMBER OF INDIVIDUALS WORKING DURING EACH MONTH OCT _____ NOV _____ DEC _____

NUMBER OF DAYS THE MINE WORKED DURING EACH MONTH OCT _____ NOV _____ DEC _____

HAS AN ACCIDENT OCCURRED ON THE MINESITE DURING THIS QUARTER? YES NO

If yes, Departmental Rules require an accident report to be filed with the Department of Mines.

Contact the Oklahoma City Office IMMEDIATELY to complete an accident report, if it has not already been filed.

Name of Person filling out this report: _____ Phone # _____

Subscribed and sworn to me before this _____ day of _____ 20 _____

My commission expires _____

Commission No. _____ Notary Public _____