NON-COAL QUARTERLY PRODUCTION REPORT In accordance with Title 45 O.S. § 931

Quarter and Year Re	porting J A	AN, FEB, MAR	20	Permit #		
Operator's Company	v Name:					
Mailing Address						
	Street	OR Box No.	City	State	Zip Code	
Mine Name (if applie	cable)					
Land Description:	Section	Township	Ra	nge Co	ounty	
Method of Mining:	Auger	Dredging	Hydraulic	Quarrying	Stripping	
	Drag Li	ne Loading	& Hauling	Room & Pillar		
Mineral Produced						
JANUARY	20 T	ons	X (time	s) \$0.0125 = \$		
FEBRUARY						
MARCH						
	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	10% Penalty Fee \$ Total Due \$					
NUMBER OF INDIV	IDUALS WOR	KING DURING EACH	I MONTH	AN FEB	8 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 Oklah	oma City Office	e IMMEDIATELY to co	omplete an accid	ent report, if it has	not already been filed.	
Name of Person fil	ling out this r	eport:		Phone	#	
Subscribed and swo	rn to me befor	e this of	lay of	20		
My commission expi						
Commission No.			ic			

ODM Receipt #

NON-COAL QUARTERLY PRODUCTION REPORT

In accordance with Title 45 O.S. § 931

Quarter and Year Re	eporting	APR, MAY, JUN	20	Permit #		
Operator's Company	v Name:					
Mailing Address		et OR Box No.				
					Zip Code	
Mine Name (if applie	cable)					
Land Description:	Section	Township	R	ange <u>Cour</u>	ity	
Method of Mining:	Auger	Dredging	Hydraulic	Quarrying	Stripping	
	Drag	Line Loading	g & Hauling	Room & Pillar		
Mineral Produced						
APRIL	20	Tons	X (tim	es) \$0.0125 = \$		
MAY				es) \$0.0125 = \$		
JUNE				es) \$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 INDIV	IDUALS WO	RKING DURING EAC	H MONTH	APR MAY	JUN	
NUMBER OF DAYS	THE MINE V	VORKED DURING EA	CH MONTH	APR MAY	JUN	
HAS AN ACCIDENT	OCCURRED	ON THE MINESITE D	URING THIS Q	UARTER? YE	S NO	
If yes, Departmental Rules require an accident report to be filed with the Department of Mines.						
Contact the Oklah	oma City Off	ice IMMEDIATELY to c	omplete an accie	lent report, if it has not	t already been filed.	
Name of Person fil	ling out this	s report:		Phone #		
				20		
My commission expires						

Check #

NON-COAL QUARTERLY PRODUCTION REPORT

In accordance with Title 45 O.S. § 931

Quarter and Year Re	porting	JUL, AUG, SEPT	20	Permit #		
Operator's Company	Name:					
Mailing Address						
	Str	eet OR Box No.	Cit	У	State	Zip Code
Mine Name (if applic	able)					
Land Description:	Section	Townshi	р	Range	County	
Method of Mining:	Auger	Dredging	Hydraulic	Quarryin	g	Stripping
	Dra	g Line Loadi	ing & Hauling	Room & P	illar	
Mineral Produced						
JULY	20	Tons	X (ti	mes) \$0.0125 =	\$	
AUGUST	20	Tons	X (ti	mes) \$0.0125 =	\$	
SEPTEMBER	20	Tons	X (ti	mes) \$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 INDIVI	DIIAISW	ORKING DURING FA	CH MONTH	ш	AUG	SFPT
NUMBER OF DAYS THE MINE WORKED DURING EACH MONTH JUL AUG SEPT HAG AN ACCIDENT OCCUPED ON THE MUNECITE DURING THE OUTPED ON THE NUMBER SUBSEC NO						
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.						
		ffice IMMEDIATELY to	-		•	
Name of Person fill	ing out th	is report:		Ph	ione #	
Subscribed and swor						
My commission expires						
Commission No.						

Revised 10/2023

Check #

NON-COAL QUARTERLY PRODUCTION REPORT

In accordance with Title 45 O.S. § 931

Quarter and Year Re	porting	OCT, NOV, D	EC 20	Permit #		
Operator's Company	Name:					
Mailing Address						
	Str	eet OR Box No.	Ci	ty	State	Zip Code
Mine Name (if applie	cable)					
Land Description:	Section	Towns	ship	Range	County	
Method of Mining:	Auger	Dredging	Hydraulic	Quarryir	ng	Stripping
	Dra	g Line Loa	ading & Hauling	Room & F	Pillar	
Mineral Produced						
OCTOBER	20	Tons	X (t	imes) \$0.0125 =	\$	
NOVEMBER	20	Tons	X (t	imes) \$0.0125 =	\$	
DECEMBER	20	Tons	X (t	imes) \$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 INDIV	IDUALS W	ORKING DURING	EACH MONTH	ОСТ	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 Oklah	oma City O	ffice IMMEDIATELY	to complete an a	ccident report, if i	it has not al	lready been filed.
Name of Person filling out this report: Phone #						
Subscribed and swo	rn to me be	fore this	day of	20		
My commission expires						
Commission No.						

Revised 10/2023

Check #