

STC 12:35

Rev 04/2025

WEST VIRGINIA OIL AND GAS PRODUCER/OPERATOR RETURN

20

Complete this form for **each well**.

PRODUCER NAME			PRODUCER CODE	
ADDRESS				
CITY		STATE	ZIP CODE	
DBA ATTN, AGENT			PHONE	
EMAIL				

SCHEDULE 1: WELL/LEASE INFORMATION

COUNTY NAME		COUNTY NUMBER	
NRA #		API #	
WELL/LEASE NAME			
LAND BOOK ACREAGE		LEASE ACREAGE	

SCHEDULE 2: PRODUCTION INFORMATION

1	WELL STATUS - SELECT ONE	A	P	S	E	Z	L	M	C	B	H	F	
2	IF PRODUCING NGLS, CHECK ALL THAT APPLY	ETHANE	PROPANE	BUTANE	ISOBUTANE	PENTANE							
3	INITIAL PRODUCTION DATE MM DD YYYY			4	PRODUCING FORMATION/								

		OIL	GAS	NGLS
5	TOTAL BARRELS OF OIL OR MCFS OF GAS OR NGLS			
6	TOTAL RECEIPTS PER RESOURCE			
7	WORKING INTEREST RECEIPTS PER RESOURCE			
8	TOTAL EXPENSES PER RESOURCE			
9	ROYALTY INTEREST RECEIPTS PER RESOURCE			
10	TOTAL WORKING INTEREST FROM SCHEDULE 2	11		TOTAL WORKING INTEREST FROM ALL PAGES OF SCHEDULE 3
12	TOTAL ROYALTY INTEREST FROM SCHEDULE 2	13		TOTAL ROYALTY INTEREST FROM ALL PAGES OF SCHEDULE 3

Return continued on next page

RETURN POSTMARKED ON OR BEFORE AUGUST 1

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