

**RAILROAD COMMISSION OF TEXAS
OIL AND GAS DIVISION**

Form H-8
(Eff. 6/4/70)

CRUDE OIL, GAS WELL LIQUIDS, OR ASSOCIATED PRODUCTS LOSS REPORT

| | | | |
|--|--|--|--|
| 1. Field Name (as per current proration schedule, including reservoir, if applicable) | | 2. RRC District | |
| 3. Company | | 4. County | |
| Check appropriate block(s): <input type="checkbox"/> Producer <input type="checkbox"/> Transporter <input type="checkbox"/> Other _____ | | | |
| 5. Lease Name(s) and RCC Lease Number(s) (if applicable) | | | |
| 6. Location where Liquid Hydrocarbon (crude oil, gas well liquids, or associated products) Loss occurred (Section, Block, & Survey) | | | |
| 7. Description of Facility from which Liquid Hydrocarbon Loss Occurred | | | |
| 8. Name of Landowner where Liquid Hydrocarbon Loss Occurred | | 9. Type of Liquid Hydrocarbon Loss | |
| | | <input type="checkbox"/> Crude Oil <input type="checkbox"/> Gas Well Liquid <input type="checkbox"/> Other _____ | |
| 10. Date Liquid Hydrocarbon Loss Occurred | | 11. Date Liquid Hydrocarbon Loss Reported to RRC District Office by Telephone or Telegraph | |
| 12. Total Barrels of Liquid Hydrocarbon Lost in Leak or Spill | | 13. Total Barrels of Liquid Hydrocarbon Recovered | 14. Barrels of Liquid Hydrocarbon Unrecovered (Net Loss) |
| 15. Did Liquid Hydrocarbon Loss Affect Inland or Coastal Water? (If yes, explain.) | | | |
| 16. Cause of Liquid Hydrocarbon Loss (Explain.) (If additional space is required, attach page(s).) | | | |
| 17. Remedial Measures Taken and How Successful (Explain.) | | | |
| 18. Remarks | | | |
| I declare under penalties prescribed in Article 6036c, R. C. S., that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that data and facts stated therein are true, correct, and complete, to the best of my knowledge. | | | |
| Date _____ | | Signature _____ | |
| Company _____ | | Name of Person (type or Print) _____ | |
| Street Address or P.O. Box _____ | | Title of Person _____ | |
| City, State _____ Zip Code _____ | | Telephone _____ Area Code _____ Number _____ | |

(COMPANY MUST COMPLY WITH THE INSTRUCTIONS ON THE REVERSE SIDE HEREOF.) (OVER)