

As provided for in 45 O.S., §611 & 931, of the mining laws of this State, this department is required to collect information from operators of mines and quarries regarding the production of minerals and such other information as is of interest and benefit, and for such purpose this schedule is prepared and issued, and must be fully filled out and returned to this office on or before the twentieth day of the following month.

**MONTHLY PRODUCTION REPORT
NON-COAL**

Report for the month and year

Name of Mine _____ Permit No. _____ County _____

Land Description: Section _____ Township _____ Range _____

Company Name _____ Phone _____ Mailing Address: _____

Street, RFD, Box No. City State Zip code

Has the mine changed owners during the month? YES _____ NO _____

If yes, give name of firm _____ Date of Change _____

Name Landowner _____ Name of Lessor _____

Name of Sub-Lessor _____ PRODUCT MINED _____

TONS PRODUCED DURING THE MONTH (Mined or Hauled) _____

AVERAGE NUMBER OF MEN WORKING DURING THIS MONTH _____

NUMBER OF DAYS THE MINE WORKED DURING THE MONTH _____

NUMBER OF FATAL ACCIDENTS _____ NUMBER OF COMPENSABLE NON-FATAL ACCIDENTS _____

HAVE YOU REPORTED ALL ACCIDENTS TO THIS OFFICE THIS MONTH? YES _____ NO _____ NA _____

Number of acres reclaimed or partially reclaimed (specify) this month _____

For what purpose is the product of your mine principally used?

Commercially _____ Non-Commercial _____ Both _____ Other _____

Pounds of explosives: Dynamite _____ Black Powder _____ Permissible _____

Ammon Nitrate _____ Other (Kind and Amount) _____

Method of Mining: Auger _____ Dredging _____ Hydraulic _____ Quarrying _____

Stripping _____ Chat Hauling _____ Drag Line _____ No Mining _____ Loading & Hauling _____

Name of Superintendent: _____ Address: _____

Name of Person filling out this report: _____ Address: _____