

STATE OF OKLAHOMA  
DEPARTMENT OF MINES

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405-427-3859 FAX: 405-424-4932

Oklahoma City, OK 73106

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: \_\_\_\_\_