

OGB - 21
INSTRUCTIONS

Read Carefully and Comply Fully

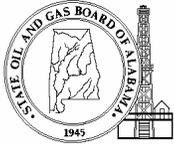
Pursuant to Rule 400-1-4-.10, any operator wishing to clean a tank must obtain approval of the Supervisor and submit this form in duplicate. Operations may begin after receiving approval.

Make sure that you have given correctly all information requested. **State Oil and Gas Board personnel will not make additions to or change any part of a notarized form.**

STATE OIL AND GAS BOARD OF ALABAMA

Form OGB - 21

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420 Hackberry Lane
P.O. Box 869999
Tuscaloosa, Alabama 35486-6999
(205) 349-2852 Fax (205)349-2861
www.ogb.state.al.us

Authorization to Clean Tank

(file in duplicate)

Name of operator
Address City State Zip

DESCRIPTION OF TANK

Tank name and number Tank location (section, township, range)
Field (if wildcat, so state) County
Tank capacity bbls Tank height ft. in. Sales Outlet height ft. in.

DESCRIPTION OF CLEANING OPERATION

Gross contents
Contents verified by Agent of the Board: yes no
If yes, give name Date
Cleaning requested by purchaser: yes no
If yes, give name Date
Date cleaning began Date cleaning completed
Name of transporter
Disposition of contents Date
Contents delivered to treating or reclaiming plant: yes no
If yes, give name of plant
plant location
plant contact person Phone number
Permission to clean tank approved by Date
(Oil & Gas Board Agent)
Date of last cleaning

Table with 3 columns: Person to contact regarding this form, Phone number, Fax number, E-Mail address

The undersigned certifies that the above-mentioned tank contains only the above amount of gross contents and that no crude oil or product of crude oil was mixed with or treating of said contents in said tank. substituted for the tank contents as described above. The undersigned further certifies that no rule or regulation of the State Oil and Gas Board of Alabama Administrative Code was violated in the cleaning of the tank, transportation of said contents,

Remarks

Executed this the day of, 20 Signature

Before me, the undersigned authority, on this day personally appeared known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this day of, 20

SEAL My commission expires Notary Public in and for County,