WR-39
Rev (01/19)

STATE OF WEST VIRGINIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS

Report of Monthly Production

Responsible Party / Operator ID Number

Responsible Party/Operator Name

Year 47- **API Number**

Farm Name:_____ **Well Number:**_____

Use Whole Numbers Only

	Gas (MCF) Thousand Cubic Feet	**Oil (BBL) Barrels**
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
Total		