



SURFACE COAL QUARTERLY REPORT

Quarter and Year Reporting JAN, FEB, MAR 20 Permit Number _____
Operator's Company Name: _____
Mailing Address _____
Street OR Box No. _____ City _____ State _____ Zip Code _____
Mine Name (if applicable) _____ Phone _____
City _____ County _____
Land Description: Section _____ Township _____ Range _____
Mine Status: Actively Mining Coal: Yes _____ No _____ Coal Mining Ceased Date: _____
Type of Coal Produced _____ Method of Removal _____
Acres mined this quarter _____ Acres Graded _____ Acres Seeded _____
Has the mine changed owners during the quarter? Yes _____ No _____
If yes, Old Owner: _____ Date of change _____
New Owner: _____

JANUARY	20	_____ Tons _____	X (times) \$0.075 = \$ _____
FEBRUARY	20	_____ Tons _____	X (times) \$0.075 = \$ _____
MARCH	20	_____ Tons _____	X (times) \$0.075 = \$ _____
		Total Tonnage _____	Total Tonnage Fee \$ _____

Round to the nearest whole number.

IF PAID THIRTY (30) DAYS AFTER QUARTER ENDS ADD 10% PENALTY.

10% Penalty Fee \$ _____ Total Due \$ _____

AVERAGE NUMBER OF MEN WORKING DURING EACH MONTH JAN _____ FEB _____ MAR _____
NUMBER OF DAYS THE MINE WORKED DURING EACH MONTH JAN _____ FEB _____ MAR _____
NUMBER OF FATAL ACCIDENTS _____ NUMBER OF COMPENSABLE NON-FATAL ACCIDENTS _____
HAVE YOU REPORTED ALL ACCIDENTS TO THIS OFFICE FOR THIS QUARTER? Yes _____ No _____

If yes, Departmental Rules require an accident report to be filed with the Department of Mines.

Contact the Oklahoma City Office IMMEDIATELY to complete an accident report, if it has not already been filed.

Name of person filling out this report _____ Phone _____
Title _____ Date _____

Subscribed and sworn to me before this _____ day of _____, 20 _____

My commission expires _____

Commission No. _____ Notary Public _____



SURFACE COAL QUARTERLY REPORT

Quarter and Year Reporting APR, MAY, JUN 20 Permit Number _____

Operator's Company Name: _____

Mailing Address _____
 Street OR Box No. _____ City _____ State _____ Zip Code _____

Mine Name (if applicable) _____ Phone _____

City _____ County _____

Land Description: Section _____ Township _____ Range _____

Mine Status: Actively Mining Coal: Yes _____ No _____ Coal Mining Ceased Date: _____

Type of Coal Produced _____ Method of Removal _____

Acres mined this quarter _____ Acres Graded _____ Acres Seeded _____

Has the mine changed owners during the quarter? Yes _____ No _____

If yes, Old Owner: _____ Date of change _____

New Owner: _____

APRIL	20	Tons _____	X (times) \$0.075 =	\$ _____
MAY	20	Tons _____	X (times) \$0.075 =	\$ _____
JUNE	20	Tons _____	X (times) \$0.075 =	\$ _____
Total Tonnage _____			Total Tonnage Fee	\$ _____
Round to the nearest whole number.				
IF PAID THIRTY (30) DAYS AFTER QUARTER ENDS ADD 10% PENALTY.				
10% Penalty Fee \$ _____		Total Due \$ _____		

AVERAGE NUMBER OF MEN WORKING DURING EACH MONTH APR _____ MAY _____ JUN _____

NUMBER OF DAYS THE MINE WORKED DURING EACH MONTH APR _____ MAY _____ JUN _____

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

HAVE YOU REPORTED ALL ACCIDENTS TO THIS OFFICE FOR THIS QUARTER? Yes _____ No _____

If yes, Departmental Rules require an accident report to be filed with the Department of Mines.

Contact the Oklahoma City Office IMMEDIATELY to complete an accident report, if it has not already been filed.

Name of person filling out this report _____ Phone _____

Title _____ Date _____

Subscribed and sworn to me before this _____ day of _____, 20 _____

My commission expires _____

Commission No. _____ Notary Public _____



SURFACE COAL QUARTERLY REPORT

Quarter and Year Reporting JUL, AUG, SEPT 20 Permit Number _____

Operator's Company Name: _____

Mailing Address _____
Street OR Box No. _____ City _____ State _____ Zip Code _____

Mine Name (if applicable) _____ Phone _____

City _____ County _____

Land Description: Section _____ Township _____ Range _____

Mine Status: Actively Mining Coal: Yes _____ No _____ Coal Mining Ceased Date: _____

Type of Coal Produced _____ Method of Removal _____

Acres mined this quarter _____ Acres Graded _____ Acres Seeded _____

Has the mine changed owners during the quarter? Yes _____ No _____

If yes, Old Owner: _____ Date of change _____

New Owner: _____

JULY	20	Tons _____	X (times) \$0.075 = \$ _____
AUGUST	20	Tons _____	X (times) \$0.075 = \$ _____
SEPTEMBER	20	Tons _____	X (times) \$0.075 = \$ _____
		Total Tonnage _____	Total Tonnage Fee \$ _____
<i>Round to the nearest whole number.</i>			
IF PAID THIRTY (30) DAYS AFTER QUARTER ENDS ADD 10% PENALTY.			
10% Penalty Fee \$ _____		Total Due \$ _____	

AVERAGE NUMBER OF MEN WORKING DURING EACH MONTH JUL _____ AUG _____ SEPT _____

NUMBER OF DAYS THE MINE WORKED DURING EACH MONTH JUL _____ AUG _____ SEPT _____

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

HAVE YOU REPORTED ALL ACCIDENTS TO THIS OFFICE FOR THIS QUARTER? Yes _____ No _____

If yes, Departmental Rules require an accident report to be filed with the Department of Mines.

Contact the Oklahoma City Office IMMEDIATELY to complete an accident report, if it has not already been filed.

Name of person filling out this report _____ Phone _____

Title _____ Date _____

Subscribed and sworn to me before this _____ day of _____, 20 _____

My commission expires _____

Commission No. _____ Notary Public _____



SURFACE COAL QUARTERLY REPORT

Quarter and Year Reporting OCT, NOV, DEC 20 Permit Number _____

Operator's Company Name: _____

Mailing Address _____
 Street OR Box No. _____ City _____ State _____ Zip Code _____

Mine Name (if applicable) _____ Phone _____

City _____ County _____

Land Description: Section _____ Township _____ Range _____

Mine Status: Actively Mining Coal: Yes _____ No _____ Coal Mining Ceased Date: _____

Type of Coal Produced _____ Method of Removal _____

Acres mined this quarter _____ Acres Graded _____ Acres Seeded _____

Has the mine changed owners during the quarter? Yes _____ No _____

If yes, Old Owner: _____ Date of change _____

New Owner: _____

OCTOBER	20	Tons _____	X (times) \$0.075 =	\$ _____
NOVEMBER	20	Tons _____	X (times) \$0.075 =	\$ _____
DECEMBER	20	Tons _____	X (times) \$0.075 =	\$ _____
Total Tonnage _____			Total Tonnage Fee	\$ _____
Round to the nearest whole number.				
IF PAID THIRTY (30) DAYS AFTER QUARTER ENDS ADD 10% PENALTY.				
10% Penalty Fee \$ _____		Total Due \$ _____		

AVERAGE NUMBER OF MEN WORKING DURING EACH MONTH OCT _____ NOV _____ DEC _____

NUMBER OF DAYS THE MINE WORKED DURING EACH MONTH OCT _____ NOV _____ DEC _____

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

HAVE YOU REPORTED ALL ACCIDENTS TO THIS OFFICE FOR THIS QUARTER? Yes _____ No _____

If yes, Departmental Rules require an accident report to be filed with the Department of Mines.

Contact the Oklahoma City Office IMMEDIATELY to complete an accident report, if it has not already been filed.

Name of person filling out this report _____ Phone _____

Title _____ Date _____

Subscribed and sworn to me before this _____ day of _____, 20 _____

My commission expires _____

Commission No. _____ Notary Public _____