



UNDERGROUND COAL MINING 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 _____
Kind of Opening: Drift _____ Slope _____ Shaft _____ Fan _____ Kind of Power _____
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.

Superintendent _____
Mine Foremen _____
Fire Boss _____ Fire Boss _____ Fire Boss _____
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 _____



UNDERGROUND COAL MINING 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 _____
Kind of Opening: Drift _____ Slope _____ Shaft _____ Fan _____ Kind of Power _____
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.

Superintendent _____
Mine Foremen _____
Fire Boss _____ Fire Boss _____ Fire Boss _____
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 _____

Fillable Forms may be found online at www.mines.ok.gov



UNDERGROUND COAL MINING 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 _____

Kind of Opening: Drift _____ Slope _____ Shaft _____ Fan _____ Kind of Power _____

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 | \$ _____ |

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 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.

Superintendent _____

Mine Foremen _____

Fire Boss _____ Fire Boss _____ Fire Boss _____

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 _____



UNDERGROUND COAL MINING 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 _____

Kind of Opening: Drift _____ Slope _____ Shaft _____ Fan _____ Kind of Power _____

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.**

Superintendent _____

Mine Foremen _____

Fire Boss _____ Fire Boss _____ Fire Boss _____

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 _____