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State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, CO 80203  
(303) 894-2100 Fax: (303) 894-2109 www.oil-gas.state.co.us



FORM 8 Rev 10/22/01

FOR OGCC USE ONLY

OIL AND GAS CONSERVATION LEVY

- 1. Mail all remittance to the COGCC, 1120 Lincoln Street, Suite 801, Denver, CO 80203
- 2. Only one quarter is to be reported per FORM 8. Adjustments and replacement reports for any quarter must be filed on a separate Form 8 for each quarter to be adjusted or replaced.
- 3. Oil and gas revenues must be segregated; show product code Oil "O", Gas "G" or CO2 "C" for each line.
- 4. Exempted interests are: The United States of America "F", the State of Colorado "S", or any of its Political Subdivisions "O", and any Indian or Indian Tribe "I" on production from land subject to the supervision of the United States.
- 5. Reason must be given for all exemptions taken and shall be entered on a separate line with operator name, operator number, product type, exemption type, and exemption value.
- 6. Payment on market value should be calculated after exemptions are taken.

Receipt Number:

This return and remittance due on or before March 1, June 1, September 1, and December 1 for the preceeding quarter of each year.

OGCC Payor Number: 12345 Form Prepared By: JANE DOE  
first last

Name of Payor: BLUE MOON, INC.

Address: 999 S. MOORE ST. Phone Number: ( 303 ) 555-6373

City LAKEWOOD State CO Zip: 80214 Fax Number: ( 303 ) 555-4431

This return covers oil and gas sold during quarter 1 of year 2002

Assessed Mill Levy for Period: .0008

☒ First Filing ☐ Adjustment ☐ Replacement

Total Sales for Period	Total Levy Due	Interest Due	Total Due
463589	369.95		369.95

Operator Name	Operator Number	Pro-duct	Total Volume Sold in MCF or BBLS	Total Value Sold in Dollars	Type	Exempt Value in Dollars	Levy Due
BLUE MOON, INC.	12345	G	676600	463589	S	400	
					F	748	369.95

I, JANE DOE am hereby authorized by BLUE MOON INC to submit this report and do certify that to the best of my knowledge the information contained herein is correct.

Signature of Payor Phone No. ( 303 ) 555-6373 0 5 / 2 4 / 2 0 0 2  
Date (MM/DD/YYYY)