

SAFETY NET REPORT Form MMS-4411

PAYOR'S NAME _____
 ADDRESS _____
 CITY/STATE _____ ZIP _____
 PAYOR CODE |_|_|_|_|

REVIEW PERIOD: _____
 NAME OF INDEX ZONE: _____
 INDEX PRICING POINT: _____

YEAR	MONTH	SAFETY NET PRICE (volume weighted average price per MMBtu)	INDEX VALUE (\$/MMBtu)	SAFETY NET DIFFERENTIAL* (\$/MMBtu)
	January			
	February			
	March			
	April			
	May			
	June			
	July			
	August			
	September			
	October			
	November			
	December			

*Please refer to 30 CFR 206.172(e)(4)(i) for instructions on how to calculate the safety net differential.

Prepared By: _____ Phone No. _____ Date _____

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