



CountryMark®

Month: \_\_\_\_\_

Operator: \_\_\_\_\_ Operator Number: \_\_\_\_\_

**OPERATOR EXPENSE TRANSACTIONS FORM**

This form is due by 12:00 PM CST on the second work day of each month.

Forms submitted after deadline may not be processed until the next calendar month’s business.

<b>DATE</b>	<b>LEASE NUMBER OR UNIT NUMBER</b> (Required if to be applied against entire working interest)	<b>INDIVIDUAL OWNER NUMBER</b> (Required only if to be collected for individual owner)	<b>TOTAL EXPENSE AMOUNT TO COLLECT</b>
		<b>TOTAL EXPENSES</b>	

**Return Form Options:**

[Operator.Expense@countrymark.com](mailto:Operator.Expense@countrymark.com)

Phone: 812.838.8509

Or – Mail to:

Countrymark Refining and Logistics, LLC

Attention: Operator Expense Department

401 Southwind Plaza

Mount Vernon, IN 47620

Date Received By CountryMark: \_\_\_\_\_

Form revised 2/22/2023