

## 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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