

# APPLICATION FOR REFINER'S LICENSE TO PROCESS PETROLEUM OIL OR CASINGHEAD GAS

OKLAHOMA TAX COMMISSION  
POST OFFICE BOX 26920  
OKLAHOMA CITY, OK 73126-0920

## REGISTRANT INFORMATION

FEIN/SSN: \_\_\_\_\_ Operator Number: \_\_\_\_\_

Registrant Name: \_\_\_\_\_  
(Individual, Partnership, Corporation)

Mailing Address: \_\_\_\_\_  
(Street and number, post office box, or rural route box)

Business Address: \_\_\_\_\_  
(Street and Number, post office box, or rural route box)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## REFINERY INFORMATION: GROSS PRODUCTION SURETY REQUIRED (FORM BT-158). Contact (405) 521-3674, or download Form BT-158 from our website @ www.tax.ok.gov.

New Facility..... Date You Began or Will Begin Operating Facility: \_\_\_\_\_

Purchased Existing Facility ..... Production Unit Number: \_\_\_\_\_ Merge: \_\_\_\_\_

Date of Cancellation: \_\_\_\_\_

If Sold, Name of New Owner: \_\_\_\_\_

Address: \_\_\_\_\_

## TYPE OF FACILITY

Oil ..... Daily Capacity: \_\_\_\_\_

Gas ..... Daily Capacity: \_\_\_\_\_

## FACILITY INFORMATION

Legal Description of Facility: \_\_\_\_\_  
Section Township Range

Facility Name: \_\_\_\_\_

County: \_\_\_\_\_

I declare under penalty of perjury that to the best of my knowledge the above information is true and correct. I also understand that I must submit changes when any of the above information changes.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

License Number: \_\_\_\_\_ Amount of Surety: \_\_\_\_\_ Type of Surety: \_\_\_\_\_

Processed Date: \_\_\_\_\_ Approved By: \_\_\_\_\_