

## REQUEST FOR ASSIGNMENT/CHANGE OF MERGE NUMBER FOR CORPORATION COMMISSION APPROVED UNIT

OKLAHOMA TAX COMMISSION  
POST OFFICE BOX 26920, OKLAHOMA CITY, OK 73126-0920  
TOLL FREE IN OKLAHOMA: 1-800-522-8165, EXT: 1-3674

**Submit Original Only - See Reverse Side for Instructions**

I. Registrant Information	For OTC Use Only								
<p><b>A.</b> FEIN/SSN _____ <b>B.</b> Operator Number _____</p> <p><b>C.</b> Entity Name _____</p> <p><b>D.</b> DBA Name _____</p> <p><b>E.</b> Street Address _____</p> <p><b>F.</b> City _____ State _____ Zip _____</p> <p><b>G.</b> Name _____ Date _____</p> <p><b>H.</b> Is this a new address? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>I.</b> Business Telephone _____</p>	<p>The OTC assigned merge number is _____</p>  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Purchaser's Name</td> <td style="width: 50%; text-align: center;">Purchaser's Number</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> </tr> </table>	Purchaser's Name	Purchaser's Number						
Purchaser's Name	Purchaser's Number								

**II. If you have formed a Unit that has been approved by the Oklahoma Corporation Commission, please provide the following information and documents:**

**A.** Copy of the Corporation Commission Approved Plan of Unitization

**B.** Cause CD Number \_\_\_\_\_ Order Number \_\_\_\_\_

**C.** Name of Unit \_\_\_\_\_

**D.** Formation(s) Involved in Unit \_\_\_\_\_

**E.** Effective Date of Unitization \_\_\_\_\_

**III. List all tracts and type(s) of production (one type of production per line) with respective purchaser(s) below:**  
(If space is not sufficient attach separate page)

A. Tract Number	B. Production Unit Number	C. Type(s) of Production	D. Dedicated Purchaser's Name(s)	E. Tax Remitter	
				Purchaser	Operator*

**IV. Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**V. Request for approval for Operator to remit taxes: (for III-E above - see detailed instructions)**

\_\_\_\_\_

\_\_\_\_\_

I declare under penalty of perjury that to the best of my knowledge the above information is true and correct.

Sign Here →

\_\_\_\_\_

Type or Print Name and Title
Signature
Date

**For Office Use Only:** Request for operator to remit taxes: Approved  Denied  By \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING FORM 320-U

### Part II

- A. Provide copy of Corporation Commission Approved Plan of Unitization.
- B. Provide Cause CD and Order Number as designed on Corporation Commission Approved Plan of Unitization.
- C. Provide name of unit.
- D. Provide formation(s) unitized.
- E. Provide effective date of unitization.

### Part III

- A. Tract numbers as assigned in Plan of Unitization in numerical order.
- B. Indicate production unit number if assigned. (If not assigned, please leave blank) for any tract which has not been previously assigned a production unit number, OTC will prepare Form 320-A to assign this tract a number.
- C. Provide appropriate product code:
  - 1 = oil or condensate
  - 5 = natural or casinghead gas
  - 6 = gas constituents - any liquid hydrocarbon, carbon dioxide, hydrogen sulphide, helium, nitrogen or other gas constituents extracted from the gas stream wherein the proceeds of such products are allocated back to lease operator or interest owner.
- D. Provide name of purchaser of each product code.
- E. Check appropriate box indicating who the tax-remitter will be for each purchaser listed. NOTE: Oklahoma law (O.S. 68, Section 1009d) requires the first purchaser to remit the tax. OTC approval must be obtained before operator may report and remit production taxes. If operator approval is requested, please provide reason in Part V.

### Part V

1. Provide reason for requesting the operator or interest owner to remit taxes.