

## REQUEST FOR ASSIGNMENT OF PRODUCTION UNIT NUMBER GROSS PRODUCTION REGISTRATION

Oklahoma Tax Commission  
P.O. Box 26920, Oklahoma City, OK 73126-0920

(Please read instructions before completing and print or type information)

OPERATOR INFORMATION:	FOR OFFICE USE ONLY								
<b>A.</b> FEIN/SSN _____ <b>B.</b> Operator Number _____ <b>C.</b> Entity Name _____ <b>D.</b> DBA: _____ <b>E.</b> Mailing Address _____ <b>F.</b> City _____ State _____ Zip _____ <b>G.</b> Is this a new address? YES <input type="checkbox"/> NO <input type="checkbox"/> <b>H.</b> Business Telephone _____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">County Number</th> <th style="text-align: center; border-bottom: 1px solid black;">Lease Number</th> <th style="text-align: center; border-bottom: 1px solid black;">Sub Number</th> <th style="text-align: center; border-bottom: 1px solid black;">Merge Number</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black; width: 25%;"></td> <td style="border-bottom: 1px solid black; width: 25%;"></td> <td style="border-bottom: 1px solid black; width: 25%;"></td> <td style="border-bottom: 1px solid black; width: 25%;"></td> </tr> </tbody> </table>	County Number	Lease Number	Sub Number	Merge Number				
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LEASE AND PRODUCT INFORMATION	
<b>1</b> Lease Name _____	<b>2</b> Well Name/Number _____
<b>3</b> County Name _____ % _____	County Name _____ % _____
<b>4</b> Total Lease Acreage _____	<b>5</b> Lease Legal Description _____
<b>6</b> API Number _____ <small>(Issued by the Corporation Commission)</small>	<b>7</b> Well Classification Oil _____ Gas _____
<b>8</b> Producing Formation(s) _____	
<b>9</b> Is/are formation(s) spaced? YES <input type="checkbox"/> NO <input type="checkbox"/> (If YES, complete a., b., and c. below)	
a. Spaced acreage and legal description _____	
b. Spacing order number _____ c. Increased density order number _____	
Comments: _____	
<b>10</b> a. Product Code _____	b. Purchaser Name _____
_____	c. Purchaser Number _____
_____	d. Tax Remitter Number _____
_____	e. First Sale _____
_____	Month _____ Year _____
_____	Month _____ Year _____
_____	Month _____ Year _____
_____	Month _____ Year _____

**11** Oklahoma Law (O.S. 68, Sec 1009d) requires the first purchaser to remit the tax. OTC approval must be obtained before a operator n

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<b>Operator's request</b> _____	<b>Approved</b> <input type="checkbox"/> <b>Denied</b> <input checked="" type="checkbox"/> _____ <b>Date</b> _____

**12** declare under penalty of perjury that to the best of my knowledge the above information is true and correct. I also understand that production may not be removed from this lease until OTC has approved and distributed this application to all parties involved, and I must submit a change form when any of the above information changes.

\_\_\_\_\_ sign here → \_\_\_\_\_ Date \_\_\_\_\_  
 Type or print name and title Signature

**OTC will provide a copy of this form to all involved companies**

## 320-A INSTRUCTIONS

To be completed by the operator for each well drilled producing oil or gas

### ITEM NUMBER

1. Provide the name of the lease.
2. Provide the name of the well and well number.
3. Provide the name of the county(ies) where the lease is located. If the lease is located within two (2) counties, provide both county names and provide the percentage of the lease contained in each county.
4. Provide the total lease acreage that the well holds.
5. Provide the legal description of the lease by section, township and range. Provide the acreage description in quarter sections.
6. Provide the A.P.I. (American Petroleum Institute) Number.
7. Specify the well classification (oil or gas). The classification is determined by the Gas Oil Ratio. (GOR)  
  
If a well produces from one (1) to fifteen thousand (15,000) cubic feet of gas to each barrel of oil, the well classification is an oil well. If the gas production exceeds fifteen thousand (15,000) cubic feet to one (1) barrel of oil, the classification is a gas well.
8. Provide the formation name that the well is producing from.
9. Specify if the well is spaced. If yes, complete items a., b. & c.
  - a. Provide the spaced acreage and the legal description described by section, township and range. The acreage description shall be in quarter sections.
  - b. Also provide the spacing order number.
  - c. If the well is an additional completion to an existing spacing, providing the increased density order number.
10. Provide:
  - a. 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 sale are to be used for the benefit of the well.  
Note: See Item 11 for operator approval to remit tax.
  - b. Name of company purchasing each product.
  - c. OTC assigned reporting number.
  - d. Enter the OTC assigned reporting number of who will be remitting taxes.  
Note: See Item 11 for operator approval to remit tax.
  - e. Enter the date of first sale for type of product.
11. Provide reason for requesting the operator or interest owner to remit taxes.
12. Operator information and signature are required before form can be approved.