

## GROSS PRODUCTION REQUEST FOR CHANGE

Oklahoma Tax Commission  
Post Office Box 26920, Oklahoma City, OK 73126-0920  
(Please read instructions before completing and print or type information)  
Go to [www.tax.ok.gov](http://www.tax.ok.gov) for Gross Production Tax Rates

|   |   |               |              |            |              |   |  |  |  |  |  |             |                    |  |  |
|---|---|---------------|--------------|------------|--------------|---|--|--|--|--|--|-------------|--------------------|--|--|
| <p><b>PART 1: OPERATOR INFORMATION</b></p> <p><b>A.</b> Check one box:    <input type="checkbox"/> Operator    <input type="checkbox"/> Interest Owner</p> <p><b>B.</b> FEIN/SSN _____</p> <p><b>C.</b> Operator Number/Interest Owner _____</p> <p><b>D.</b> Name of Operator/Interest Owner _____</p> <p><b>E.</b> Mailing Address _____</p> <p><b>F.</b> City _____ State _____ Zip _____</p> <p><b>G.</b> Is this a new address? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>H.</b> Telephone _____</p> | <p style="text-align: center;"><b>FOR OFFICE USE ONLY</b></p> <p>Incentive Code: _____</p> <p>Qualifying Date: _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">County Number</td> <td style="border-bottom: 1px solid black;">Lease Number</td> <td style="border-bottom: 1px solid black;">Sub Number</td> <td style="border-bottom: 1px solid black;">Merge Number</td> <td style="border-bottom: 1px solid black;">%</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table><br><table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;">Exempt Code</td> <td style="border-bottom: 1px solid black; width: 50%;">Decimal Equivalent</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | County Number | Lease Number | Sub Number | Merge Number | % |  |  |  |  |  | Exempt Code | Decimal Equivalent |  |  |
| County Number   | Lease Number  | Sub Number    | Merge Number | %          |              |   |  |  |  |  |  |             |                    |  |  |
|   |   |               |              |            |              |   |  |  |  |  |  |             |                    |  |  |
| Exempt Code   | Decimal Equivalent  |               |              |            |              |   |  |  |  |  |  |             |                    |  |  |
|   |   |               |              |            |              |   |  |  |  |  |  |             |                    |  |  |

**PART 2: PRODUCTION UNIT NUMBER/WELL NAME**

**A.** \_\_\_\_\_ **B.** Lease Name \_\_\_\_\_  
Production Unit Number

**C.** Well Name/Number \_\_\_\_\_

**D. Check appropriate box below and complete Part 4.**

1.  Cancel product code(s)

2.  Cancel production unit number (explain in reasons below, Part 5, Section B)

3.  Change of operator - is this a change of ownership of equipment?     Yes     No    Complete Parts 3 and 4

4.  Cancel or add purchaser

5.  Change of producing formation/legal description

**E.** Name of formation/spacing order \_\_\_\_\_

**F.** Lease legal description \_\_\_\_\_

**PART 3:**

**A.** \_\_\_\_\_ **B.** \_\_\_\_\_ **C.** \_\_\_\_\_  
Name of Former Operator    Former Operator Number    Effective Date of Change

**PART 4: PRODUCT AND PURCHASER CHANGE INFORMATION**  
(Obtain product code number from general instructions or specific instructions on page 2 and list purchasers you will be selling to)

| A.<br>Prod.<br>Code | B.<br>Purchaser Name | C.<br>Purchaser<br>Number | D.<br>Add | E.<br>Cancel | F. Tax Remitter |                |          | G. Date Effective |      |
|---------------------|----------------------|---------------------------|-----------|--------------|-----------------|----------------|----------|-------------------|------|
|                     |                      |                           |           |              | Purchaser       | Interest Owner | Operator | Mo.               | Year |
|                     |                      |                           |           |              |                 |                |          |                   |      |
|                     |                      |                           |           |              |                 |                |          |                   |      |
|                     |                      |                           |           |              |                 |                |          |                   |      |
|                     |                      |                           |           |              |                 |                |          |                   |      |

**PART 5: A.** If operator or interest owner requests to remit production taxes, please provide reason:  
\_\_\_\_\_

**B.** Reasons for cancel or suspension \_\_\_\_\_ **C.** Effective Date: \_\_\_\_\_

**D.** Comments: \_\_\_\_\_

**PART 6: FOR OFFICE USE ONLY**  
Request for operator/interest owner to remit taxes is  Approved  Denied By \_\_\_\_\_ Date \_\_\_\_\_

**PART 7:** I declare under penalty of perjury that to the best of my knowledge the above information is true and correct.

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
Type or print name and title    Signature    Date

**GROSS PRODUCTION REQUEST FOR CHANGE**  
**INSTRUCTIONS**  
**PARTS 1, 2, 4 AND 7 MUST ALWAYS BE COMPLETED.**

**PART 2**

- A. Provide Oklahoma Tax Commission production unit number as previously assigned. If unknown, provide legal description.
- B. Provide lease name and well number(s).
- C. Provide the name of the well and well number.
- D. Check appropriate box(es) for change(s) being made and complete designated section for transaction, and complete Part 4.
- E. Provide name of producing formation(s). If spaced provide spacing order number.
- F. Provide lease legal description.

**PART 4**

- A. 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.
- B. Provide name of purchaser for each product code being added or cancelled.
- C. Provide purchasers OTC reporting number.
- D & E. Check appropriate box indicating the addition or cancellation of purchaser.
- F. 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 5, Item A)
- G. Provide the date that the purchaser is being added or cancelled.

**PART 5**

- A. Provide reason for requesting the operator or interest owner to remit taxes.
- B. Provide reason for cancellation or suspension of production unit number.
- C. Provide the effective date of cancellation or suspension.

**PART 7**

Operator information and signature are required before form can be approved.