

# GROSS PRODUCTION REQUEST FOR CHANGE

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

PART I: OPERATOR INFORMATION	OFFICE USE ONLY																				
<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> Business Phone _____</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 style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Exempt Code</td> <td colspan="3" style="border-bottom: 1px solid black;">Decimal Equivalent</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </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 II: PRODUCTION UNIT NUMBER/WELL NAME	
<p><b>A</b> _____</p> <p style="text-align: center;">Production unit number</p>	<p><b>B</b> _____</p> <p style="text-align: center;">Well name</p>
<p><b>Check appropriate box below and complete Section IV.</b></p> <p><b>C</b> 1. <input type="checkbox"/> Cancel product code(s)</p> <p>2. <input type="checkbox"/> Cancel production unit number (explain in reasons below , Part V, Section B)</p> <p>3. <input type="checkbox"/> Change of operator - is this a change of ownership of equipment? Yes <input type="checkbox"/> No <input type="checkbox"/> Complete sections three and four.</p> <p>4. <input type="checkbox"/> Cancel or add purchaser</p> <p>5. <input type="checkbox"/> Change of producing formation/legal description</p>	
<p><b>D</b> Name of formation/spacing order _____</p>	<p><b>E</b> Lease legal description _____</p>

PART III			
<p><b>A</b> _____</p> <p style="text-align: center;">Name of former operator</p>	<p>_____</p> <p style="text-align: center;">FEIN/SSN number</p>	<p><b>B</b> _____</p> <p style="text-align: center;">Former operator number</p>	<p><b>C</b> _____</p> <p style="text-align: center;">Effective date of change</p>

PART IV: PRODUCT AND PURCHASER CHANGE INFORMATION									
(Obtain product code number from general instructions or specific instructions on reverse and list purchasers you will be selling to)									
A Prod. Code	B Purchaser Name	C Purchaser Number	D Add	E Cancel	F Tax Remitter			G Date Effective	
					Purchaser	Interest Owner	Operator	Mo.	Year

PART V	
<p><b>A</b> If operator or interest owner requests to remit production taxes, please provide reason _____</p>	
<p><b>B</b> Reasons for cancel or suspension _____</p>	<p><b>C</b> Effective Date: _____</p>
<p><b>D</b> Comments: _____</p>	

PART VI: FOR OFFICE USE ONLY	
Request for operator/interest owner to remit taxes is <input type="checkbox"/> Approved <input type="checkbox"/> Denied	By _____ Date _____

PART VII		
I declare under penalty of perjury that to the best of my knowledge the above information is true and correct.		
<p>_____</p> <p style="font-size: small;">Type or print name and title</p>	<p style="font-size: small;">sign here →</p> <p>_____</p> <p style="font-size: small;">Signature</p>	<p>_____</p> <p style="font-size: small;">Date</p>

**OKLAHOMA TAX COMMISSION**  
**320C DETAILED INSTRUCTIONS**  
**PARTS I, II, IV AND VII MUST ALWAYS BE COMPLETED**

**PART II**

- 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. Check appropriate box(es) for change(s) being made and complete designated section for transaction, and complete part IV.
- D. Provide name of producing formation(s). If spaced provide spacing order number.
- E. Provide lease legal description.

**PART IV**

- 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, Sect. 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, item A)
- G. Provide the date that the purchaser is being added or cancelled.

**PART V**

- 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 VII**

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