

OKLAHOMA TAX COMMISSION REMITTANCE FORM
FEE FOR COMMISSION ON marginally PRODUCING OIL AND GAS WELLS
TAXPAYER COPY/WORKSHEET

| | | | |
|----------------------|-----------------------|---------------------|-------------|
| A. Taxpayer FEIN/SSN | B. OTC Company Number | C. Reporting Period | D. Due Date |
| | | | |

E.

Name _____

Address _____

City, State and Zip _____

F. Final Report

- Volume of oil (bbls.) upon which fee is paid.
- Amount of fee remitted on oil. (Line 1 X \$0.0035)
- Volume of gas (mcf) upon which fee is paid.
- Amount of fee remitted on gas. (Line 3 X \$0.00015)
- Total amount of fee remitted on oil and gas. Add Line 2 + Line 4.

| BARRELS | | | | | | | | | | TENTHS | |
|---------------------|--|--|--|--|--|--|--|--|--|--------|---|
| | | | | | | | | | | 0 | 0 |
| ----- DOLLARS ----- | | | | | | | | | | CENTS | |
| | | | | | | | | | | | |
| MCF | | | | | | | | | | TENTHS | |
| | | | | | | | | | | 0 | 0 |
| ----- DOLLARS ----- | | | | | | | | | | CENTS | |
| | | | | | | | | | | | |

USE THIS WORKSHEET FOR FIGURING YOUR TAX, THEN ENTER THE FIGURES ON THE ORIGINAL REPORT BELOW.

INSTRUCTIONS FOR COMPLETING OKLAHOMA MARGINAL PRODUCING OIL AND GAS REMITTANCE FORM

GENERAL INSTRUCTIONS

Please write only in the white areas. Please use a #2 pencil or pen with black ink to mark your entries on this form. The fee must be remitted by the purchaser or producer required to remit Gross Production Tax. The remitter is authorized to withhold the amount of the fee when making settlement with working and royalty interest owners.

Volumes subject to fee should equal total taxable volume in Item 47, OTC 300.

THE FEE AND REPORT

The fee and report should be received by the Oklahoma Tax Commission on or before the twenty-fifth day of the second calendar month following the month of production. However, the assessment shall not be due until the accrued liability reaches \$25.00, except any amount accrued for any calendar year shall be paid by February 25th of the following year.

Item A - Enter your company FEI number.

Item B - Enter your OTC assigned company reporting number.

Item C - Enter the reporting period for which you're reporting. (YYMM)

LINE 1 - VOLUME OF OIL (BBLs.) UPON WHICH FEE IS PAID

Enter total number of barrels of oil upon which fee is remitted.

LINE 2 - AMOUNT OF FEE REMITTED ON OIL (AT \$0.0035 PER BBL.)

Enter amount of fee remitted on oil. (\$0.0035 X volume in Line 1.)

LINE 3 - VOLUME OF GAS (MCF) UPON WHICH FEE IS PAID

Enter total number MCF of gas upon which fee is remitted.

LINE 4 - AMOUNT OF FEE REMITTED ON GAS (AT \$0.00015 PER MCF)

Enter amount of fee remitted on gas. (\$0.00015 X volume in Line 3.)

LINE 5 - TOTAL AMOUNT OF FEE REMITTED ON OIL AND GAS

Add the amounts on Lines 2 and 4.

Instruction continued on back...

Special Note: To insure that your report will be properly processed, please print all figures within boxes as shown.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | X |
|---|---|---|---|---|---|---|---|---|---|---|

Do not fold, staple, or paper clip

Please Detach Here and Return Report Below

Write only in white areas

GPF 0400500 G. 000

MARGINAL PRODUCING OIL AND GAS REMITTANCE

| | | | |
|----------------------|-----------------------|---------------------|-------------|
| A. Taxpayer FEIN/SSN | B. OTC Company Number | C. Reporting Period | D. Due Date |
| | | | |

F. Final Report

- Volume of oil (bbls.) upon which fee is paid.
- Amount of fee remitted on oil. (Line 1 X \$0.0035)
- Volume of gas (mcf) upon which fee is paid.
- Amount of fee remitted on gas. (Line 3 X \$0.00015)
- Total amount of fee remitted on oil and gas. Add Line 2 + Line 4.

| BARRELS | | | | | | | | | | TENTHS | |
|---------------------|--|--|--|--|--|--|--|--|--|--------|---|
| | | | | | | | | | | 0 | 0 |
| ----- DOLLARS ----- | | | | | | | | | | CENTS | |
| | | | | | | | | | | | |
| MCF | | | | | | | | | | TENTHS | |
| | | | | | | | | | | 0 | 0 |
| ----- DOLLARS ----- | | | | | | | | | | CENTS | |
| | | | | | | | | | | | |

I declare that the information contained in this document and any attachments is true and correct to the best of my knowledge and belief.

Sign Here: _____ Date: _____

GENERAL INFORMATION

Mandatory inclusion of Social Security and/or Federal identification numbers is required on forms filed with the Oklahoma Tax Commission pursuant to Title 68 of the Oklahoma Statutes and regulations thereunder, for identification purposes, and are deemed part of the confidential files and records of the Oklahoma Tax Commission.

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

PAYMENT

To assist us in processing your return accurately and assure proper credit to your account, please send a separate check with each report submitted. Please put your Taxpayer Number (Item A) on your check.

MAILING REPORT AND PAYMENT

Sign, date, and detach the original report at the perforation and mail with remittance in the enclosed return envelope to:

**Oklahoma Tax Commission
Compliance Division
Marginal Well Fee (GPF)
Post Office Box 269056
Oklahoma City, Oklahoma 73126-9056**

Instructions: Remittance must be by separate check.

THE FEE AND REPORT

The fee and report should be received by the Oklahoma Tax Commission on or before the twenty-fifth day of the second calendar month following the month of production. However, the assessment shall not be due until the accrued liability reaches \$25.00, except any amount accrued for any calendar year shall be paid by February 25th of the following year.

Changes in pre-printed information: If you checked Item D, indicate the changes only below.

Changes in Business Mailing Address:

Changes in Business Location Address:

FEIN/SSN _____

FEIN/SSN _____

Name _____

Name _____

Address _____

Address _____

City _____

City _____

State _____ Zip Code _____

State _____ Zip Code _____