# REQUEST FOR ASSIGNMENT OF PRODUCTION UNIT NUMBER

## GROSS PRODUCTION REGISTRATION

Oklahoma Tax Commission
Post Office Box 26740, Oklahoma City, OK 73126-0740

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

Go to www.tax.ok.gov for Gross Production Tax Rates

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### PART I: OPERATOR INFORMATION

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>A.</td>
<td>FEIN/SSN ____________________________</td>
</tr>
<tr>
<td>B.</td>
<td>Operator Number ______________________</td>
</tr>
<tr>
<td>C.</td>
<td>Name of Operator _____________________</td>
</tr>
<tr>
<td>D.</td>
<td>Mailing Address _______________________</td>
</tr>
<tr>
<td>E.</td>
<td>City __________________ State ______ Zip ______</td>
</tr>
<tr>
<td>F.</td>
<td>Business Telephone ____________________</td>
</tr>
<tr>
<td>G.</td>
<td>Email Address ________________________</td>
</tr>
<tr>
<td>H.</td>
<td>Is this a new address? [ ] Yes [ ] No</td>
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</tbody>
</table>

### PART II: LEASE AND PRODUCT INFORMATION

1. **Lease Name** ____________________________
2. **Well Name/Number** ______________________
3. **Incentive Code** __________________________
4. **Incentive Qualifying Date**: Month ______ Year ______
5. **County Name** % __________ County Name %
6. **Total Lease Acreage** ________________________
7. **Lease Legal Description** ________________________
8. 10 acre surface hole legal description for horizontal well __________________
9. 10 acre bottom hole legal description for horizontal well __________________
10. **API Number** ____________________________
11. **Well Classification**: Oil ______ Gas ______
12. **Producing Formation(s)** __________________
13. **Is/are formation(s) spaced?** Yes [ ] No [ ] (If Yes, complete a., b., and c. below)
   a. **Spaced acreage and legal description** __________________
   b. **Spacing order number** __________________
   c. **Increased density order number** __________________
14. **Is well part of an Oklahoma Secondary or Tertiary Recovery Unit?** Yes [ ] No [ ] If Yes, provide 4 digit Merge Number: __________________
15. **Indicate exempt interest from division order**: Exempt Code Number: __________________
   Decimal Equivalent: __________________
16. a. **Product Code** __________________
    b. **Purchaser Number** __________________
    c. **Purchaser Name** __________________
    d. **Tax Remitter Number** __________________
    e. **First Sale**
       Month ______ Year ______
       Month ______ Year ______
17. **Comments**: __________________
   __________________

18. I 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.

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**Form 320-A**
**Revised 3-2017**

**FOR OFFICE USE ONLY**

- **Incentive Code**: __________________________
- **Qualifying Date**: __________________________
- **County Number**: ________ **Lease Number**: ________ **Sub Number**: ________ **Merge Number**: ________ **%**: ________
- **Exempt Code**: __________________________
- **Decimal Equivalent**: __________________________
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GROSS PRODUCTION REGISTRATION

INSTRUCTIONS

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

1. Provide the name of the lease.
2. Provide the name of the well and well number.
3. Provide Incentive Code:
   6 = Horizontally Drilled Wells
   8 = Ultra Deep Wells 15,000 to 17,499
   9 = Ultra Deep Wells equal to or greater than 17,500 feet
4. Provide Incentive Qualification Date, Month, Year. Please provide the date of first sales as the qualifying date.
5. 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.
6. Provide the total lease acreage that the well holds.
7. Provide the legal description of the lease by section, township and range. Provide the acreage description in quarter sections.
8. Provide the Surface hole legal description for horizontal wells by section, township and range. Provide the acreage description in quarter sections (10 acre well spot).
9. Provide the Bottom hole legal description for horizontal wells by section, township and range. Provide the acreage description in quarter sections.
11. 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 on 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.
12. Provide the formation name that the well is producing from.
13. Specify if the well is spaced. If yes, complete items a., b. and c.
   a. Provide the spaced acreage and the legal description described by section, township and range. The acreage description should be equal to the spaced acreage.
   b. Also provide the spacing order number.
   c. If the well is an additional completion to an existing spaced formation, provide the increased density order number.
14. Check appropriate box if well is part of an Oklahoma Secondary or Tertiary Recovery Unit.
15. Enter exemption code and decimal equivalent if applicable.
   Royalty Exemption Code: 1 = State School Land Commission
   2 = Federal
   3 = County
   4 = City
   5 = School District
   6 = Indian
   10 = State
16. 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 products are allocated back to lease operator or interest owner.
   b. OTC assigned reporting number.
   c. Name of company purchasing each product.
   d. Enter the OTC assigned reporting number of who will be remitting taxes.
   e. Enter the date of first sale for type of product.
17. Comments
18. Operator information and signature are required before form can be approved.