**GROSS PRODUCTION REQUEST FOR CHANGE**

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

(Please read instructions before completing)

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### PART 1: OPERATOR INFORMATION

<table>
<thead>
<tr>
<th>A. FEIN/SSN</th>
<th>B. Operator Number</th>
<th>C. Name of Operator</th>
<th>D. Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Incentive Code:</th>
<th>Qualifying Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Number</th>
<th>Lease Number</th>
<th>Sub Number</th>
<th>Merge Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Exempt Code</th>
<th>Decimal Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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### PART 2: REQUESTED CHANGES

<table>
<thead>
<tr>
<th>A. Production Unit Number</th>
<th>B. Lease Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Well Name(s)/Number(s) affected by this change:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**D. Check appropriate box below.**

1. □ Cancel product code(s). Select any that apply.
   - □ 01 - Oil
   - □ 05 - Gas
   - □ 06 - Gas/Liquids
   - Effective Date: Month _______ Year _______

2. □ Add new product code(s). Select any that apply.
   - □ 01 - Oil
   - □ 05 - Gas
   - □ 06 - Gas/Liquids
   - Effective Date: Month _______ Year _______

3. □ Change or correction to well incentive code. Select the correct code.
   - □ 06 - Horizontally Drilled Well
   - □ 08 - Ultra Deep Well (15,000 to 17,499 feet)
   - □ 09 - Ultra Deep Well (17,500 feet or greater)
   -□ No Incentive
   - This change resulted from: □ Recompletion □ Correction of Error
   - Effective Date: Month _______ Year _______

4. □ Cancel production unit number. Select one.
   - □ Shut In
   - □ Plugged and Abandoned
   - Effective Date: Month _______ Year _______

5. □ Change of operator - is this a change of ownership of equipment? □ Yes □ No
   a. Name of former operator: ___________________________
   b. Former operator number: ___________________________
   c. Effective date: Month _______ Year _______

   - Name of new formation/spacing order: ___________________________
   - Effective Date: Month _______ Year _______

7. □ Change of legal description.
   - Effective Date: Month _______ Year _______
   - Lease legal description: ___________________________

E. Comments: __________________________________________________________________________

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### PART 3:

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

<table>
<thead>
<tr>
<th>Type or print name and title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
PART 2

A. Provide Oklahoma Tax Commission production unit number as previously assigned. If unknown, check PUN Look Up at https://www2.oktax.onenet.net/GrossProduction/PublicSearchPUNbyLegal.php, or provide legal description.

B. Provide lease name.

C. Provide the name of the well(s) and well number(s).

D. Check appropriate box(es) for change(s) being made and complete its subsection details:

1. & 2. Provide appropriate product code:
   - 1 = oil or gas condensate
   - 5 = natural or casinghead gas
   - 6 = gas constituents - any liquid hydrocarbon, carbon dioxide, extracted from the gas stream wherein the proceeds of such products are allocated back to lease operator of interest owner.

3. Check appropriate incentive code, reason for change and effective date of change.

4. Select appropriate PUN cancel reason and the effective date.

5. Check box re: change of ownership of equipment,
   a, b and c **must** be completed.

6. Provide name of producing formation(s). If spaced, provide spacing order number and effective date of change.

7. Provide lease legal description and effective date.

PART 3

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