INSTRUCTION SHEET FOR FILING ATD 40

- 1. WHO MUST FILE: Owners of, or acting agents of, any oil or gas properties within the State of Wyoming, as required by W.S. 39-11-103 (a) (i), 39-13-103 (b) (v) and 39-13-107 (b) (ix), or personal property brought, driven or coming into Wyoming, or acquired, after the assessment date and prior to December 31 which remains in Wyoming at least thirty (30) days and has not been regularly assessed for taxation in any other Wyoming County... 39-13-103 (a) (i) (B).
- 2. FAILURE TO FILE: An annual report or the filing of an incomplete report will result in a valuation and assessment by the County Assessor from the "BEST INFORMATION AVAILABLE" Incomplete reports **WILL** be returned to the respondent and considered as **not filed**.
- 3. Electronic media filing must be approved by the applicable County Assessors Office. Computer programs should be designed to coincide with the State form.

GENERAL INFORMATION

- A. Please indicate the well's location in the upper right hand box.
- B. Please list one well per form. You may duplicate the form as necessary.
- C. Owner or operator's information; Operator ID is the number issued by the Wyoming Oil & Gas Conservation Commission (OGCC). The API number is the number of the well issued by the Wyoming Oil & Gas Conservation Commission. The Group Number is the number of the well (s) issued by the Mineral Tax Division, Wyoming Department of Revenue, this number is used to identify the lease or unit.
- D. Fill in all information on the lease. Indicate the number of wells applicable to identify the lease or unit.
- E. Indicate the number of wells "Plugged and Abandoned" and "Temporarily Abandoned". Indicate the number of wells "Shut In".
- F. Please list all Surface Equipment and Gathering Systems. List all like equipment together, i.e.; Well Heads, Valves, Motors, Treaters, etc., by their individual types. **Describe and indicate number of units, size, capacity, model, condition and age.**
- G. The column titled "Cost" means the reported cost of the equipment and <u>all</u> installed costs to put the equipment in operation. Please indicate if this cost is an installed (acquisition) or a replacement cost new by checking the appropriate column under "Type of Cost".
- H. List all structures on the lease (if applicable); warehouses, well houses, pump housing etc. Describe and indicate measurements, structure type, condition and age.
- I. List all "MATERIALS AND SUPPLIES" not held for resale.
- J. List all "LEASED EQUIPMENT" the same as all other equipment. Fill in the information pertaining to the Lessor. The information provided here will not be used for your assessment.
- K. Answer all questions completely and thoroughly. Your signature will validate your report.
- L. Additional information your company may wish to supply regarding valuation that would result in a more equitable assessment should be submitted with this report.
- M. If property was located in more than one county in a prior calendar year, please attach Addendum 25/40 to this Declaration Form. Please fill out one addendum form per item of personal property.

County Number	Parcel #	Act Number	Personal Prop. Type		DO NOT USE - FOR ASSESSORS USE ONLY						
				Date received:			By:				
Name and address of personal property listed here: (please make any corrections here)					Please indicate location of personal property: (please make any changes here)						
					1/4 S	ection	Township	Range			
				Type of land this	Type of land this personal property is located on: (check one) [] Private [] Public						
Please complete the for the Assessor's Office			field equipment you own. M	lust be submitted	}		DE:				
Operator ID #		Contact Person									
API Number			Unit Name				Group Number	er			
Field Name		Basin									
Well Type	[](Gas [] Oil	[] CBM [] In	ıj							
Well Status	[]P	roducing [] shut]	In [] Permanently Abandon	ned [] Temporar	rily Abandoned	[] Equipn	nent in place [] Equipment removed			
Cost Type		Please check appropriate box below Type of Cost with an XX to indicate whether an installed acquisition cost or a replacement cost new is reported for each piece of equipment.									
Please list only one location per form. Do not report depreciated costs. Please do include freight & <u>all</u> installation costs (use additional pages if necessary)											

Oil and / or Gas Field Equipment Description (include all equipment/GPU's/wellhead/tanks/metering equipment/compressors//flow lines/ buildings/furniture & fixtures)	Model	Units or Footage	Size	Pressure Condition Capacity		Year Cost Installed		Type of Cost	
								Installed	RCN

Oil and / or Gas Field Equipment Description	Model	Units or Footage	Size	Pressure Capacity	Condition	Year Installed	Cost	Type of Cost	
(include all equipment/GPU's/wellhead/tanks/metering equipment/compressors//flow lines/ buildings/furniture & fixtures)								Installed	RCN
									<u> </u>

County Number Parcel # Ac	t Number Personal Prop.	Гуре	DO NOT USE - FOR ASSESSORS USE ONLY						
		Date	received:		Ву:				
Name and address of personal property listed here: (p	lease make any corrections here)	Pleas	Please indicate location of personal property: (please make any changes here)						
		1/4 _	1/4 1/4 Section Township Range						
		Туре	Type of land this personal property is located on: (check one) [] Private [] Publ						
Please list all <mark>leased</mark> equipment and prov (duplicate form as necessary)	vide owner's name and addro	ess Please list only o	ne location per fo	rm. NAIC	S CODE:				
Owner and Contact In of leased proper		perty Description Model / Size / Serial #		Term (From - To)	Annual Rent				
W.S. 39-13-107 (a)(i) Ithe owner of (or and complete list of all property owned by all property of which I am the owner of or I have not connived at any violation or eva fails to return any taxable property owned (\$500.00), imprisoned in the county jail no	me or under my control as age of which I have control as age sion of the requirements of law by him or under his control is	ent or otherwise, and int, guardian, admini w in relation to the as guilty of a misdemea	that I have not faile strator or otherwise sessment of proper	ed or neglected, in the county of ty for taxation.	to list for taxation for to f, State of V W.S. 18-3-205(b) An	the year, Wyoming and that y person who			
Type or print your name here:									
Signature of owner/agent		Tit	le	Da	ite				
Telephone number	Fax Number			Email:					