# **INSTRUCTION SHEET FOR FILING ATD 40**

- 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 Pa	arcel # Act Numbe	r Pers	onal Prop. Type			DO NOT US	E - FOR ASSES	SORS USE ONLY		
				Date	e 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	1/4	Secti	on	Township	Range	
				Тур	e of land this perso	onal property is l	ocated on: (chec	k one) [ ] Privat	ie []	Public
Please complete the follo the Assessor's Office by			uipment you ov	wn. Must be s	submitted into	$\sum_{i=1}^{n} \mathbf{N} \mathbf{A}_{i}$	AICS CODE:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Operator ID #		(	Contact Person	1						
API Number			Unit Name				Gr	oup Number		
Field Name		Basin								
Well Type	[ ] Gas [	] Oil [	] CBM [	] Inj						
Well Status	[ ] Producing [ ]		-		1 1	-		1 6 5		
Cost Type	Please check approp is reported for each			st with an XX	to indicate wh	ether an insta	lled acquisition	on cost <b>or</b> a repla	acement cos	t new
Please list only one location	n per form. Do not report de	epreciated costs.	Please do inclu	de freight & <u>all</u>	installation cost	s (use addition	nal pages if nec	cessary)		
Oil and / or Gas Field E (include all equipment/GPU's/wellh compressors//flow lines/ buildings/f	nead/tanks/metering equipment/	Model	Units or Footage	Size	Pressure Capacity	Condition	Year Installed	Cost	Type of	Cost
compressors//now mics/ oundings/1									Installed	RCN

Oil and / or Gas Field Equipment Description	n 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
									}

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 1/4 Section	_Township Range	
				Type of land this personal property is located on: (chec	ck one) [ ] Private [ ] Public	

Please list all leased equipment and provide owner's name and address Please list only one location per form. (duplicate form as necessary)

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NAICS CODE:	- 2
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Owner and Contact Information of leased property	Property Description Make / Model / Size / Serial #	Term (From - To)	Annual Rent

and complete list of all property owned by me or under all property of which I am the owner of or of which I I I have not connived at any violation or evasion of the r fails to return any taxable property owned by him or un	W.S. 39-13-107 (a)(i) Ithe owner of (or agent, etc., as the case may be) do solemnly swear or affirm that the above and foregoing listed property is a full, true, correct and complete list of all property owned by me or under my control as agent or otherwise, and that I have not failed or neglected to list for taxation for the year, all property of which I am the owner of or of which I have control as agent, guardian, administrator or otherwise, in the county of, State of Wyomin g and that I have not connived at any violation or evasion of the requirements of law in relation to the assessment of property for taxation. W.S. 18-3-205(b) Any person who fails to return any taxable property owned by him or under his control is guilty of a misdemeanor and upon conviction shall be fined not exceeding five hundred dollars (\$500.00), imprisoned in the county jail not exceeding ninety (90) days, or both.						
Signature of owner/agent	Title _		Date				
Telephone number	Fax Number	Email:					