

State of Wyoming,
**OIL & GAS FIELD EQUIPMENT
PERSONAL PROPERTY—OWNED
DECLARATION SCHEDULE**

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 list model, quantity, size, capacity, condition, year built, year acquired and year installed.**
- G. The column titled "Reported Cost" means the cost of the equipment and **all** installed costs to put the equipment in operation. Please indicate if this cost is **new and installed or a used purchase price 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.

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 DECLARATION SCHEDULE**

County Number	Parcel #	Act Number	Personal Prop. Type	DO NOT USE - FOR ASSESSORS USE ONLY
Name and address of personal property listed here: (please make any corrections here)				Date received: _____ By: _____
				Please indicate location of personal property: (please make any changes here) ¼ ¼ _____ 1/4 _____ Section _____ Township _____ Range _____ Latitude _____ Longitude _____ Type of land this personal property is located on: (check one) <input type="checkbox"/> Private <input type="checkbox"/> Public

Please complete the following information about the oil field equipment you own. **Must be submitted into the Assessor's Office by no later than March 1.**

NAICS CODE: _____

Operator ID #		Contact Person	
API Number		Unit Name	Group Number
Field Name		Basin	
Well Type	<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> CBM <input type="checkbox"/> Inj		
Well Status	<input type="checkbox"/> Producing <input type="checkbox"/> Shut In <input type="checkbox"/> Permanently Abandoned <input type="checkbox"/> Temporarily Abandoned <input type="checkbox"/> Equipment in place <input type="checkbox"/> 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. Please do include freight & all installation costs (use additional pages if necessary)

Oil and / or Gas Field Equipment Description <small>(include all equipment/GPU's/wellhead/tanks/metering equipment/ compressors/flow lines/ buildings/furniture & fixtures)</small>	Model	Quantity	Size	Pressure Capacity	Condition	Year Built	Reported Year Acquired	Year Installed	Reported *Cost	*Type of Cost Check One	
										New Installed	Used Purchased

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

NAICS CODE: _____

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

W.S. 39-13-107 (a)(i) I...the 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 Wyoming 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.

Type or print your name here: _____

Signature of owner/agent _____ Title _____ Date _____

Telephone number _____ Fax Number _____ Email: _____