

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 indicate number of units, size, capacity, model, condition and age.**
- G. The column titled “Cost” means the reported cost of the equipment and **all** 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.





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 DECLARATION SCHEDULE**

County Number	Parcel #	Act Number	Personal Prop. Type	<b>DO NOT USE - FOR ASSESSORS USE ONLY</b> 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) 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 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: \_\_\_\_\_