

OPERATOR

WORKING INTEREST OWNER

NEW WELL

EXISTING WELL

**APPLICATION FOR TAX REBATE**

**APPLICANT**

Applicant Name		Phone
Address		Fax No.
City	State	Zip
Operator Name		OCC/OTC No.
Address		Phone
City	State	Zip
Lease Name/No.		OTC Prod Unit No.
		API No.
Location	1/4	1/4
	1/4	1/4
	1/4	1/4
	1/4	1/4
	Sec.	Twp
	Rge.	County

**Please attach copy of 1002A.**

Additional geologic and/or engineering data may be required in order to approve any application.

**I. PRODUCTION ENHANCEMENT PROJECT** 165:10-21-21 through 24

Project Start Date (MM/DD/YR)	Project Completion Date (MM/DD/YR)	Orig. 1st Prod Date (MM/DD/YR)
Project description:		1st Sale Date (MM/DD/YR)
		Base Prod Amt
<b>Attach documentation supporting base production amount.</b>		

**II. INACTIVE WELL** 165:10-21-35 through 38

Cessation of production (MM/DD/YR)	Shut In	Mechanical Failure
Re-work commenced (MM/DD/YR)	Describe nature of failure:	
Production Re-established (MM/DD/YR)		
Describe work done to restore production to inactive well:		
<b>Attach supporting documentation for inactivity period or mechanical failure</b>		

**III. DEEP WELL** 165:10-21-45

Total Depth	Spud Date	1st Sales Date
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**IV. NEW DISCOVERY** 165:10-21-55 through 58

Formation	Depth (top)	Producing Interval (top-bottom)	Spud Date (MM/DD/YR)	Base Prod Amount if applicable
<input type="checkbox"/> Oil Production (>1 mile) same formation	<input type="checkbox"/> Oil Production (>1 mile) same interval of same formation	<input type="checkbox"/> Oil Production (>1 mile) deeper formation		
<input type="checkbox"/> Gas Production (>2 miles) same formation	<input type="checkbox"/> Gas Production (>2 miles) same interval of same formation	<input type="checkbox"/> Gas Production (>2 miles) deeper formation		
<b>Attach a location plat locating and identifying the subject well and all wells within 1 mile for oil production or 2 miles for gas production.</b>				
<b>Attach supporting documentation for the specific "New Discovery" category.</b>				

**V. HORIZONTALLY DRILLED WELL** 165:10-21-65 through 69

Project Beginning Date (MM/DD/YR)	1st Prod Date (MM/DD/YR)	Measured depth at 70°	Measured depth at terminus
Base Production amount if applicable:		<b>Attach Directional Survey and support for base production amount if applicable.</b>	

**VI. 3D SEISMIC AREA** 165:10-21-82

Spud Date (MM/DD/YR)	First Sale Date (MM/DD/YR)	3D Shoot Date (MM/DD/YR)
<b>Attach 3D shoot project outline and evidence supporting use of 3D technology.</b>		

**Affidavit Statement:**

*I declare that I have knowledge of the contents of the application, which was prepared by me or under my supervision and direction, with the data and facts stated herein to be true, correct, and complete to the best of my knowledge and belief.*

Signature	Date	Phone No.
Name & Title (Typed or Printed)	E-mail Address	

**OCC USE ONLY**

Reviewed by	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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**INSTRUCTIONS FOR PREPARING FORM 1534**

- A. Complete all information under APPLICANT section.
- B. Complete all information under appropriate category of tax exemption you seek.
- C. Attach all supporting documentation.

**NOTE: For a well producing into a common tank with other wells, the method for allocation of production is subject to OCC approval.**

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List of monthly production volumes for the 12-months prior to project beginning date.

<u>Month</u>	<u>Bbl(production)</u>	<u>bbl(sale)</u>	<u>Mcf.</u>	<u>Note</u>
1.				
2.				
<b>3.</b>				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Base Amount =

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