MUST BE FILED BY OPERATOR OR WORKING INTEREST OWNER

☐ OPERATOR

☐ WORKING INTEREST OWNER

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 52000
Oklahoma City, Oklahoma 73152-2000

☐ NEW WELL

☐ EXISTING WELL

Form 1534
Rev. 2007

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		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
Attach documentation supporting base production amount.		

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:			
Attach supporting documentation for inactivity period or mechanical failure			

III. DEEP WELL 165:10-21-45

Total Depth	Spud Date	1st Sales Date

IV. NEW DISCOVERY 165:10-21-55 through 58

Formation	Depth (top)	Producing Inverval (top-bottom)	Spud Date (MM/DD/YR)	Base Prod Amount if applicable
☐ Oil Production (>1 mile) same formation	☐ Oil Production (>1 mile) same interval of same formation		☐ Oil Production (>1 mile) deeper formation	
☐ Gas Production (>2 miles) same formation	☐ Gas Production (>2 miles) same interval of same formation		☐ Gas Production (>2 miles) deeper formation	

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.
Attach supporting documentation for the specific "New Discovery" category.

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

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

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)
Attach 3D shoot project outline and evidence supporting use of 3D technology.		

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	☐ Approved	☐ Denied

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.

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

Base Amount =

Phone: (405) 522-4451 FAX: (405) 521-3099

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