

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

**Application For Sales Tax Exemption
Dewatering or Enhanced Recovery Project**
OAC 165:10-21-90 and 165:10-21-95

INSTRUCTIONS

1. Exhibits:

For **oil** reservoir dewatering projects: A production test showing initial W:O ratio is a requirement based on Rule No. 165:10-21-90(c). An original Form 1013 may be filed for this purpose. For enhanced recovery projects: A monthly production report showing **oil** content recovered after 07-10-2006 meets the requirement based on Rule No. 165:10-21-97(b)(1).

For **gas** reservoir dewatering projects, please submit gas conversion method and calculations.

Geological Structure and Isopach maps for the applicable reservoir; staff may request additional engineering and geological data or information deemed necessary to evaluate the application.

Applicant		OCC No.	E-mail Address
Address			Phone No.
City	State	Zip	FAX No.

<input type="checkbox"/> Reservoir Dewatering Project Name:				OTC Unit No.
Location	Sec.	Twp.	Rge.	County

<input type="checkbox"/> Enhanced Recovery Project Name:		Unitization Order numbe		OTC Unit No.
Location	Sec.	Twp.	Rge.	County

Electric Service Provider		
Name	Address	Meter Number

List all active wells in the reservoir dewatering project and associated operations commencing on or after 7-1-2003 (attach additional sheet if needed)

List all active wells in the reservoir enhanced recovery project and associated operations (attach additional sheet if needed)

Well Name	Sec-Twp-Rge	Dewatering Project		Enhanced Recovery		Type*	Start Date
		Producing Rate	Date	Formation	Depth		

* Please fill in P for producer, D for disposal, and I for Injection in the well type box in the active wll list. *

A schematic diagram of the electrical grid, dewatering or enhanced recovery and water disposal equipment associated with the reservoir dewatering project or enhanced recovery project covered by the application.

I hereby certify that the contents of the application and exhibits are true and correct to the best of my information, knowledge, and belief.

Signature	Date	Name & Title (Typed or Printed)
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OCC USE ONLY

Approved by _____	Date _____
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