

STATE OF WYOMING

FORM ATD-40 STATEMENT OF OIL FIELD EQUIPMENT

OIL OR GAS SCHEDULE INSTRUCTIONS

FOR ASSESSMENT YEAR JANUARY 1, _ _ _ _

**RETURN TO: Converse County Assessor
P.O. Box 57
Douglas, WY 82633**

STATE OF WYOMING OIL OR GAS FIELD EQUIPMENT

GENERAL INSTRUCTIONS

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) (ii) and 39-13-103 (b) (ix).
2. **WHEN TO FILE:** Assessment date is **January 1**. Schedules shall be returned to assessor's office on or before **March 1**, as required by W.S. 39-13-103 (b) (v) & 39-13-107 (a) (i).
3. **FAILURE TO FILE:** Failure to return a property rendition is a misdemeanor which may result in a fine not exceeding five hundred dollars (\$500.00), imprisonment in the county jail not exceeding ninety (90) days or both pursuant to W.S. 18-3-205 (b).

Failure to file an annual report or the filing of an incomplete report will result in 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.

4. The report must be **TYPED** or **LEGIBLY PRINTED**.
5. Instructions ****SHALL**** be carefully observed and each question or entry should be fully and accurately answered. References to prior year reports ****SHALL**** not be made to take the place of the required entries. When the word ****NONE**** truly and completely states the fact it should be given to any particular inquiry. If any category does not apply to the respondent, such fact should be shown by the words **NOT APPLICABLE**.
6. Additional information your company may wish to supply regarding valuation that would result in a more equitable assessment should be submitted with this report.
7. Round **ALL NUMBERS** to the nearest dollar.
8. Electronic informational systems may be utilized for submitting the equipment schedule. However, it will first be necessary to consult with the reporting county assessor's office to determine the compatibility of informational systems. Computer programs should be designed to coincide as close as possible with this state form.

INSTRUCTIONS FOR COMPLETING STATEMENT OF OIL AND GAS FIELD EQUIPMENT

A. LEASE INFORMATION

1. County and county address is where schedule is to be sent. Tax District is where equipment is located. If lease or field is divided by tax district, separate schedules will be required. Call the assessor's office if tax district information is needed.
2. Owner or operator's information. Operator ID is the number issued by Oil & Gas Conservation Commission.
3. API No. is the number issued by the Oil & Gas Conservation Commission (OGCC). Group number is issued by the Mineral Tax Division, Department of Revenue, and will be used to identify the lease or unit. Fill in lease information. Indicate the number of wells applicable to the production condition of the lease. Indicate the number of wells "Plugged and Abandoned" and "Temporarily Abandoned". Indicate the number of wells in appropriate "Shut In" question.
4. Fill in appropriate blanks which pertain to production.
5. Fill in appropriate blanks which pertain to injection system.

B. SURFACE EQUIPMENT AND GATHERING SYSTEM

List all production equipment; well heads, pump jacks, motors, treaters, tanks, etc., by individual categories. Describe and indicate number of units, size, capacity, model, condition, and approximate age. The column titled "Company Installed Cost" means original cost including installation cost or construction cost.

C. BUILDINGS

List all structures on lease; warehouses, well houses, pump housing, etc. Describe and indicate size, structure type, condition, and age. Like units may be grouped under one description with number of units indicated.

D. MATERIALS AND SUPPLIES

List all major items that are warehoused or in a yard and not held for re-sale. Use attached sheet if more space is required.

E. MISCELLANEOUS

List any taxable items which are not included in any other area. Also include installed cost.

F. LEASED EQUIPMENT

List equipment the same as in previous categories. Fill in information pertaining to lessor. If more space is required use an additional sheet of paper. The information in this area is not used for your assessment.

G. DECLARATION

Type or print your name in the indicated blank and enter the county name where schedule will be reported. Sign your name in the signature blank, indicate your title and enter the date. Your signature is necessary to validate your report.

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(REPORT EACH LEASE OR UNIT SEPARATELY)
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[A] LEASE INFORMATION

(1) RETURN TO:

COUNTY _____ TAX DISTRICT: _____
ADDRESS _____
CITY, STATE, ZIP _____

(2) OPERATOR (OWNER)

ADDRESS _____
CITY, STATE, ZIP _____
OPERATOR ID NO. _____
TELEPHONE NO. () _____ CONTACT PERSON _____

(3) LEASE / UNIT NAME

GROUP NUMBER _____ API NUMBER _____
FIELD NAME _____
BASIN _____
LOCATION 1/4 _____ 1/4 _____ SEC. _____ TWN. _____ RNG. _____
PRODUCING:
NO. OF WELLS: PRIMARY ___ SECONDARY ___ PUMPING ___ FLOWING ___ H2S ___
WELLS STATUS:
PLUGGED & ABANDONED NO. OF WELLS _____
TEMPORARY ABANDONED NO. OF WELLS _____
SHUT IN:
EQUIPMENT IN PLACE NO. OF WELLS _____
EQUIPMENT REMOVED NO. OF WELLS _____

(4) PRODUCING:

OIL AND/OR GAS	NUMBER OF WELLS	AV. DEPTH PRODUCING FORMATIONS	MAXIMUM BPD/WELL	CAPABILITY MCFPD/WELL	NAME PRODUCING FORMATION
SURFACE					
SUBMERSIBLE					
FLOWING					
GAS					
MISC.					

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(5) INJECTION SYSTEM

NUMBER OF WELLS	AV. DEPTH INJECTED FORMATION	TYPE OF INJECTION (H ₂ O, CO ₂ , ETC.)	MAXIMUM BPD/WELL	NAME INJECTED FORMATION

List all items by category. Itemization should include description, size, model, approximate age, and number of units. Like items may be reported under one description with the number of units indicated.

[B] SURFACE EQUIPMENT AND GATHERING SYSTEM

COMPLETE WELL HEAD AND CHRISTMAS TREE CONFIGURATION

UNITS OR FOOTAGE	DESCRIPTION	SIZE	WELLHEAD PRESSURE CAPACITY	MODEL	CONDITION	APPROX. AGE	COMPANY INSTALLED COST

COUNTY OFFICE USE ONLY			
TREND FACTOR	RCN	%GOOD	RCNLD

PUMPING UNITS, TRIPLEXES, LIFT EQUIPMENT

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MOTORS, ENGINES, DRIVE UNITS WITH ALL ELECTRIC EQUIPMENT

UNITS OR FOOTAGE	DESCRIPTION	SIZE	PRESURE OR CAPACITY	MODEL	CONDITION	APPROX. AGE	COMPANY INSTALLED COST

COUNTY OFFICE USE ONLY			
TREND FACTOR	RCN	% GOOD	RCNLD

TREATERS, HEATERS, KNOCKOUTS, SEPARATORS, CONDITIONING EQUIPMENT

TANKS, WALKWAYS, STAIRS, STORAGE FACILITIES

LACT UNITS, METERING DEVICES, TEST EQUIPMENT, MANIFOLDS

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SECONDARY RECOVERY (INJECTION PUMPS, RE-PRESSURE EQUIPMENT, ETC.)

UNITS OR FOOTAGE	DESCRIPTION	SIZE	PRESSURE OR CAPACITY	MODEL	CONDITION	APPROX. AGE	COMPANY INSTALLED COST

COUNTY OFFICE USE ONLY			
TREND FACTOR	RCN	% GOOD	RCNLD

COMPUTERIZED / ELECTRONIC CONTROL BOXES OR DEVICES INCLUDING RTU(RADIO TELEMTRY UNIT)

MISC EQUIPMENT (NOT LISTED BY CATEGORY)

GATHERING SYSTEMS

FLOWLINES

UNITS OR FOOTAGE	DESCRIPTION	SIZE	PRESSURE OR CAPACITY	CONDITION	APPROX. AGE	COMPANY INSTALLED COST

TREND FACTOR	RCN	%GOOD	RCNLD

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[C] BUILDINGS

UNITS OR FOOTAGE	DESCRIPTION	SIZE	TYPE	CONDITION	APPROX. AGE	COMPANY INSTALLED COST

COUNTY OFFICE USE ONLY			
TREND FACTOR	RCN	%GOOD	RCNLD

Building Total RCNLD _____
Assessed Value (RCNLD X .115) _____

[D] MATERIALS AND SUPPLIES (NOT HELD FOR RE-SALE)

Inventory Total RCNLD _____
Assessed Value (RCNLD X .115) _____

[E] MISCELLANEOUS (ANY OWNED ITEM(S) NOT PREVIOUSLY LISTED)

Miscellaneous Total RCNLD _____
Assessed Value (RCNLD X .115) _____

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[F] LEASED EQUIPMENT

LESSOR INFORMATION

NAME OF OWNER _____ ADDRESS _____
 CITY, STATE, ZIP _____

UNITS OR FOOTAGE	DESCRIPTION	SIZE	STRUCTURE MODEL ETC.	APPROX. AGE	CONDITION	COMPANY INSTALLED COST

COUNTY OFFICE USE ONLY			
TREND FACTOR	RCN	%GOOD	RCNLD

LESSOR INFORMATION

NAME OF OWNER _____ ADDRESS _____
 CITY, STATE, ZIP _____

LEASED EQUIPMENT TOTAL RCNLD _____

