

DS 658S OIL & GAS REAL AND PERSONAL PROPERTY

FOR ASSESSMENT YEAR BEGINNING JANUARY 1, 2018

INSTRUCTIONS FOR COMPLETING THE OIL AND GAS REAL AND PERSONAL PROPERTY DECLARATION SCHEDULE DS 658

Use one schedule for each wellsite. If your information is combined by field or unit, your information must be segregated by well and accompanied by a signed DS 658S. Attach required additional information, as described below, to this declaration schedule. Please visit <http://colorado.gov/dola/property-taxation> for General Information on all Declaration Schedules. Refer to ARL Volume 3, Chapter 6 for additional information.

18 DPT-AS
FORM DS-658S-0118

State of Colorado
**OIL AND GAS REAL AND PERSONAL PROPERTY
PROPERTY DECLARATION SCHEDULE**
(CONFIDENTIAL DATA)
(One schedule per wellsite)

Assessment Date **Due Date**
January 1, **April 15,**
2018 **2018**

County _____

RETURN TO COUNTY ASSESSOR

B.A. CODE	T.A. CODE	SCHEDULE/ACCOUNT NUMBER	OIL PIN NUMBER	PERS. PROP. PIN NUMBER			
A. NAME, ADDRESS, and COGCC Operator's Number: (INDICATE ANY CHANGES OR CORRECTIONS)			DO NOT USE – FOR ASSESSOR ONLY				
			Code	Description	Actual Value	%	Assessed Value
PHYSICAL LOCATION/LEGAL DESCRIPTION OF THE PROPERTY AS OF JANUARY 1, 2018:			71	Primary Prod.		87.5%	\$
			71	Secondary Prod.		75%	\$
			72	Improvements		29%	\$
			74	Eq., Furn., Mach.		29%	\$
			TOTALS				
			RECEIVED		APPROVED		
			COMPLETED		ABSTRACT CHGS.		
			LATE FILING PENALTY APPLIED		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
A1. If you are no longer the current business owner, please list the name and address of the new owner below: Date Sold _____ NAME: _____ ADDRESS: _____			B. STATUS OF PROPERTY (Check appropriate boxes) <input type="checkbox"/> New Well? <input type="checkbox"/> New Owner? Is This Your First Return? <input type="checkbox"/> Yes <input type="checkbox"/> No			API# Well Name and Number: Date Well Completed: / / (mo/yr)	

C. PRODUCTION REPORT FOR PREVIOUS YEAR:

Check here if you have completed the NERF Spreadsheet. Please attach the NERF and any additional required forms to this Declaration Schedule and skip to Section H.

Check one box for valuation method used:

<input type="checkbox"/> Actual Wellhead Price	<input type="checkbox"/> Related and/or Unrelated Party Netback	<input type="checkbox"/> Comparable Price Used to Value Producer/Processor's Leasehold
C.R.S. 39-7-101 requires all operators to report 100% of net taxable revenue from volume sold or transported from lease, including take-in-kind interests. <input type="checkbox"/> Check box if all take-in-kind interests have been reported. If not, you must provide interest owner information.		
TAKE-IN-KIND (TIK) – List all unreported non-operating interest owners taking production in kind and the fractional interest		
Name	Address	Fractional Interest

C1. PRIMARY PRODUCTION – Attach TIK Report, See Instructions						FOR ASSESSOR'S USE ONLY	
TYPE	UNIT	Total Produced: (Should Reconcile to COGC Form 7)	A Sold or Transported From Lease	B Total Value Received		ALLOWED ROYALTY EXCLUSION	ACTUAL VALUE
				Gross	Net		
OIL	BBL			\$	\$	\$	\$
GAS	MCF			\$	\$	\$	\$
WATER	BBL						
NGLs	<input type="checkbox"/> GAL			\$	\$	\$	\$
	<input type="checkbox"/> BBL			\$	\$	\$	\$
DAYS CAPABLE OF PRODUCTION: (365 Days, less actual downtime) = _____ Days						TOTALS \$ _____	
MMBTU Factor: _____						Box "B" (Net) Divided by Box "A" = _____ Bbls Box "B" (Net) Divided by Box "A" = _____ Mcf	

C2. SECONDARY PRODUCTION – Attach TIK Report, See Instructions							
TYPE	UNIT	Total Produced: (Should Reconcile to COGC Form 7)	A Sold or Transported From Lease	B Total Value Received			
				Gross	Net		
OIL	BBL			\$	\$		
GAS	MCF			\$	\$		
WATER	BBL						
NGLs	<input type="checkbox"/> GAL			\$	\$		
	<input type="checkbox"/> BBL			\$	\$		
DAYS CAPABLE OF PRODUCTION: (365 Days, less actual downtime) = _____ Days						TOTALS	

D. EXCLUDABLE ROYALTIES

Excludable royalty amounts are limited to the fractional interest owned by the U.S. Government, a Government Agency, the State of Colorado, any agency or political subdivision of the State of Colorado, or any Indian Tribe. **The taxpayer must list the dollar amount of royalties actually paid.** The "Royalty % Exempt from Taxation" is based on the dollar amount actually paid.

Name of Agency	Royalty \$ Exempt from Taxation	Royalty % Exempt from Taxation
	\$	%

E1. WELL CHARACTERISTICS

BASIN NAME	WELL DEPTH
CLASS (check one) <input type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> COAL SEAMS GAS	

E2. METHOD OF PRODUCTION -

E3. INSTALLED EQUIPMENT - Indicate quantity of each on location.

OF: _____ # TANKS (AT WELL SITE) _____ # TANKS IN COMMON TANK BATTERY _____ # HEATER TREATER(S) _____
OF: _____ # PRODUCTION UNIT(S) _____ # DEHYDRATOR(S) <5 >6 mmscf/day _____ # SEPARATOR(S): (SIZE) _____
OF: _____ # SKIMMING TANKS _____ # WATER TANKS: (SIZE) (TYPE) _____
OVERALL EQUIPMENT CONDITION (check one): VERY GOOD AVERAGE MINIMUM

Based on year of manufacture, indicate the average age of installed wellsite equipment. _____ Years

Please attach a separate listing of equipment that has been overhauled.

E4. ADDITIONAL INSTALLED EQUIPMENT - Indicate quantity of each on location.

MEASUREMENT EQUIPMENT (Meter Run)	CATHODIC PROTECTION UNIT	ENVIRONMENTAL CONTROL SYSTEM DEVICES
_____ 2" _____ 4" _____ 6"	_____ # w/Rectifier _____ # w/Solar Panels	_____ # Vapor Flare System(s) (Enclosed Stack) _____ # Vapor Recovery _____ # Vapor Tower(s)
_____ # IN-LINE HEATER _____ # CHEMICAL PMP/TANK _____ # RECYCLE PUMP _____ # METER HOUSE _____ # LACT UNIT		
_____ # GAS BOOSTER LINE COMPRESSOR _____ HP _____ # WELLHEAD: <input type="checkbox"/> Flanged <input type="checkbox"/> Threaded <input type="checkbox"/> Combo		
_____ # FILTER VESSELS (avg all sizes) _____ # COMBUSTERS _____ # SMALL COMBUSTERS		
_____ # PIT TANKS _____ # CHEMICAL TANKS _____ # SEPARATORS (SIZE) _____ FT. WATERFLOWLINE <input type="checkbox"/> STL <input type="checkbox"/> POLY		
_____ # FUEL/CHEMICAL TANKS _____ # FREE WATER KNOCKOUTS (SIZE) _____ # IMMERSION TANK HEATERS		
OVERALL EQUIP. COND: <input type="checkbox"/> VGD. <input type="checkbox"/> AVG <input type="checkbox"/> MIN	_____ # CIRCULATION PUMP UNITS	_____ SOUND PANELS: _____ SURFACE SQ.FT.

E5. STORED EQUIPMENT - Attach additional itemized listing.

Item ID Number	Description/Model or Capacity	Check box if item is being held for resale.
		<input type="checkbox"/> Item is being held for resale
OVERALL STORED EQUIPMENT CONDITION (check one): <input type="checkbox"/> VERY GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> MINIMUM		

F. LEASED, LOANED, OR RENTED PROPERTY (Declare personal property owned by others on attached separate sheet.)

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G. LISTING OF REAL PROPERTY IMPROVEMENTS (Attach separate sheet)

H. DECLARATION THIS RETURN IS SUBJECT TO AUDIT

"I declare, under penalty of perjury in the second degree, that this schedule, together with any accompanying exhibits or statements, has been examined by me and to the best of my knowledge, information, and belief sets forth a full and complete list of all taxable personal property owned by me, or in my possession, or under my control, located in this county, Colorado, on the assessment date of this year; that such property has been reasonably described and its value fairly represented; and that no attempt has been made to mislead the assessor as to its age, quality, quantity, or value." § 39-5-107(2), C.R.S.

I further declare that I have personally examined the information contained within this schedule and that this schedule sets forth the information requested to the best of my knowledge and belief. However, "no representations are made as to the accuracy of the value of any portion of the production from subject property that is taken in kind by any owner other than the undersigned." § 39-7-101(1)(f), C.R.S.

PROPERTY OWNER'S FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)/SOCIAL SECURITY NUMBER (SSN) _____

PRINT NAME OF PERSON SIGNING _____ PHONE NUMBER _____

E-MAIL ADDRESS _____ FAX NUMBER _____

SIGNATURE* _____ DATE _____

Please check the appropriate box below:

*Signing as: Owner Operator Agent [Person in control of wellsite and equipment

PLEASE COMPLETE, SIGN AND RETURN TO THE ASSESSOR ON OR BEFORE APRIL 15, 2018.

MAKE A COPY FOR YOUR RECORDS.