

DS 658S OIL & GAS REAL AND PERSONAL PROPERTY

FOR ASSESSMENT YEAR BEGINNING JANUARY 1, 2017

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.

17 DPT-AS
FORM DS-658S-0117

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,**
2017 **2017**

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, 2017:			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)			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:

- Actual Wellhead Price
 Related and/or Unrelated Party Netback
 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.

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

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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:					TOTALS		\$	\$
(365 Days, less actual downtime) = _____ Days							Box "B" (Net) Divided by Box "A" = _____ Bbls	
MMBTU Factor: _____							Box "B" (Net) Divided by Box "A" = _____ Mcf	

C2. SECONDARY PRODUCTION – Attach TIK Report, See Instructions

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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:					TOTALS			
(365 Days, less actual downtime) = _____ Days								

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 _____	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 the number of each on location.

COUNT OF: _____ # TANKS (AT WELL SITE)	_____ # TANKS IN COMMON TANK BATTERY	_____ # HEATER TREATER(S)
COUNT OF: _____ # PRODUCTION UNIT(S)	_____ # DEHYDRATOR(S)	_____ # SEPARATOR(S): (X SIZE)
	_____ # SKIMMING TANKS	_____ # WATER TANKS: (SIZE) (TYPE)
OVERALL EQUIPMENT CONDITION (check one): <input type="checkbox"/> VERY GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> 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 the number of each on location.

RADIO TELEMETRY UNIT (RTU) _____ #Large _____ #Small _____ #Master	CATHODIC PROTECTION UNIT _____ # w/Rectifier _____ # w/Solar Panels	ENVIRONMENTAL CONTROL DEVICE _____ # Vapor Recovery System(s) _____ # Vapor Flare System(s) (Enclosed Stack)
_____ # IN-LINE HEATER	_____ # CHEMICAL PUMP	_____ # RECYCLE PUMP
_____ # GAS BOOSTER LINE COMPRESSOR (15-30 HP)	_____ # WELLHEAD: <input type="checkbox"/> Flanged <input type="checkbox"/> Threaded <input type="checkbox"/> Combo	_____ # GAS METER RUN _____ # LACT UNIT
_____ # PIT TANKS	_____ # CHEMICAL TANKS (SIZE)	_____ # SEPARATORS (SIZE) _____ FT. of WATER FLOWLINE
_____ # FUEL TANKS (SIZE)	_____ # FREE WATER KNOCKOUTS (SIZE)	_____ # TANK HEATERS
OVERALL EQUIP. COND: <input type="checkbox"/> VGD. <input type="checkbox"/> AVG <input type="checkbox"/> MIN # SCRUBBERS 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, 2017.

MAKE A COPY FOR YOUR RECORDS.