

DS 658 – Oil and Gas Real and Personal Property Declaration Schedule and Instructions

THIS SCHEDULE MUST BE FILED EVERY YEAR REGARDLESS IF ANY ADDITIONS OR DELETIONS WERE MADE

DUE DATE APRIL 15, 2021**FOR ASSESSMENT YEAR BEGINNING JANUARY 1, 2021****General Information***(Declaration Schedules and Attachments Are Confidential And Private Documents By Law.)*

For these instructions, please refer to the following statutes: §§ 39-3-118.5, 39-3-119.5, 39-5-104.5, 39-5-104.7, 39-5-107, 39-5-108, 39-5-110, 39-5-113 through 117, 39-5-120, and 39-21-113(7), C.R.S.

In accordance with § 39-3-119.5, C.R.S., you are not required to file this declaration if the total actual value of your personal property per county is \$7,900 or less.

If you are a first time filer or are unsure as to whether the total actual value of your personal property per county exceeds \$7,900, please contact the county assessor.

WHO FILES A DECLARATION SCHEDULE? All owners and/or operators of oil and/or gas wells that have production and sale of oil and gas during the prior calendar year must file this schedule. In addition, the owner, owner's agent, or person in control of all personal property as of January 1 must file a declaration schedule. All personal property, such as a business/organization's: ■Equipment ■Security Devices ■Machinery, and ■other personal property not otherwise exempt by law, must be listed on this schedule.

IS YOUR BUSINESS NEW? ARE YOU A NEW OWNER? If you answer, "yes" to either question or you have never filed with the county assessor, you are required to provide a complete detailed listing of all machinery, equipment, and other personal property with an original installed cost over **\$350** used in the business. Please include: ■Item ID Number ■Property Description ■Model Number ■Year Acquired ■Original Installed Cost To You, and ■If the Property Was Not Put Into Use as of January 1 of the current year. **Whether or not you file a declaration schedule, the assessor may select your account for an audit.**

PRORATION OF PERSONAL PROPERTY VALUE IS GENERALLY NOT ALLOWED: As of January 1, 1996, the only proration of personal property value allowed is for Works of Art loaned to and used for charitable purposes by an exempt organization. If other taxable personal property was located in Colorado on the assessment date, it is taxable for the entire assessment year, providing that, if it was newly acquired, it was put into use as of the assessment date (January 1). If it was not located in the state on the assessment date, or if it was newly acquired, but was not put into use as of the assessment date, it cannot be taxed until the next assessment year. Except for works of art, personal property that is exempt on the assessment date retains its exempt status for the entire assessment year. These requirements do not affect the proration of real property.

WHEN DO YOU FILE? This form must be received by the county assessor by the April 15 deadline EVERY YEAR.

HOW DO YOU FILE FOR AN EXTENSION AND WHAT HAPPENS IF YOU FAIL TO FILE?

For real property: At the discretion of the assessor, the operator or owner may be granted an extension of time for filing the declaration schedule. No extension fee payment is required. As required by § 39-7-101(2), C.R.S., if the owner or operator fails to deliver, or fails to mail this declaration schedule with a postmark on or before April 15th of each year, the assessor may impose a late filing penalty on the owner or operator of \$100 per calendar day past April 15 that the declaration schedule has not been received, not to exceed \$3,000 in any calendar year.

For personal property: You may extend the deadline if, by April 15, the assessor receives your written request AND \$20 for a 10-day extension, or \$40 for a 20-day extension. This extension applies to all personal property schedules (single or multiple), which a person is required to file in the county. The late filing penalty is \$50 or 15% of the taxes due, whichever is less. If you fail to file a schedule, the assessor shall determine a valuation based upon the BEST INFORMATION AVAILABLE and shall add a penalty of up to 25% of assessed value for any omitted property discovered and valued later.

NOTE: Failure to properly file a declaration schedule may prevent you from receiving an abatement per Colorado case law. Property Tax Adm'r v. Production Geophysical, 860 P.2d 514 (Colo. 1993)

WHY IS THE DECLARATION FORM IMPORTANT? Assessors use this information to help calculate the property's actual value. This value is based on the property's use and condition as of January 1 of each assessment year.

WHAT HAPPENS AFTER YOU SUBMIT THIS FORM? The assessor may request more information or conduct a physical inventory inspection of your personal property at your business location. As permitted by § 39-7-101(3), C.R.S., the assessor may require the owner or operator to submit written documentation supporting the information provided in this declaration schedule. The assessor must receive this requested documentation within 30 days after the date of the postmark on the assessor's written request for the documentation, but no earlier than April 15. Any owner or operator who willfully fails or refuses to comply with the assessor's request for this written documentation may be assessed a fine of \$100 for each day of such willful failure or refusal, not to exceed a total of \$3,000 assessed to any one owner or operator for any one calendar year.

Notices of Valuation are mailed on June 15 to the address listed on this schedule.

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 658. Attach required additional information, as described below, to this declaration schedule. Refer to ARL Volume 3, Chapter 6 for additional information.

A. NAME AND ADDRESS: Write any corrections to the preprinted name/address and the Colorado Oil and Gas Conservation Commission (COGCC) number, and as necessary, the property's PHYSICAL LOCATION/LEGAL DESCRIPTION information.

A1. NEW OWNER(S): If you are not the current owner, please list the name and address of the new owner in the appropriate box. Also, list the date that the property sold to the new owner.

B. PROPERTY STATUS: Check the boxes that best describe your property's status. Write the American Petroleum Institute (API) number and the well name and number. Enter the date that the well was completed.

(Instructions continued on Page 2)

C. PRODUCTION REPORT FOR PREVIOUS YEAR:

- Check the box if you have completed the NERF Spreadsheet. Please attach the NERF and any additional required forms and skip to Section H. Otherwise, complete all remaining sections of this declaration schedule.

- Check the box that describes the method used to value the leasehold interest associated with this wellsite. Note that "Actual Wellhead Price" means gross lease revenues, minus allowable deductions for gathering, transportation, manufacturing, and processing costs borne by the taxpayer that occur between the physical wellhead and the first point of sale, under § 39-7-101(1)(d), C.R.S.

C1. PRIMARY and C2. SECONDARY PRODUCTION: Operators of producing oil and gas properties must report the prior year's primary and/or secondary production volume, including total oil produced (BBLs), gas produced (MCF at 14.73 psi), water produced (BBLs), and/or natural gas liquids (BBLs or GALs) produced and the product volume sold or transported from the lease during the previous year, § 39-7-101(1), C.R.S. In the left column of Box B (Gross), list the previous year's total gross lease revenues received for production sold at the first point of sale. In the right column of Box B (Net), list the total net value received for the production sold, after allowable deductions, as defined in § 39-7-101(1)(d), C.R.S., and in Division of Property Taxation's procedures. The Gross and Net amounts listed must be the same as those reported on the Netback Expense Report Form/Supplemental Information Report Form {NERF/SIRF}, if provided to the assessor. The Net amount listed is equal to Gross Revenues minus allowable lease operating expenses, ROI and RoFl, if taken. Do NOT deduct royalties to get the NET amount. List the DAYS CAPABLE OF PRODUCTION, which means 365 days minus the number of days the well was inoperable for repairs or maintenance. Please provide the appropriate Million British Thermal Units (MMBTU) factor for the gas sold. Filers claiming secondary production must be on record with the Colorado Oil and Gas Conservation Commission (COGCC) as approved for secondary production.

As required by § 39-7-101(1.5), C.R.S., any non-operating interest owner may submit to the operator, on or before March 15th, a report by certified mail of the actual net taxable revenues and the actual exempt revenues received, but netted back to the wellhead, by the non-operating interest owner for production taken-in-kind (TIK) during the preceding calendar year. Operators shall use this reported information to establish the selling price at the wellhead for taxable TIK production. If any non-operating interest owner fails to timely provide this information to the operator, the operator shall report the operator's weighted average selling price at the wellhead, during the preceding calendar year, as the non-operating interest owner's selling price at the wellhead for the entire TIK production.

D. EXCLUDABLE ROYALTIES: Royalties actually paid to the United States or any agency thereof, the State of Colorado or any agency or political subdivision thereof, or any Indian tribe, are excludable from the gross value of the oil and gas sold prior to determination of the taxable value. **No other royalty deductions are allowable.** Please list the name of the governmental entity and the dollar amount paid as royalty during the prior calendar year. The royalty percentage exempt from taxation should be the result of dividing the actual dollar amount paid in royalties by the gross lease revenues. If the royalty amount is being paid as product taken-in-kind, you must determine the market value of the product taken-in-kind and list this value as the amount paid as royalty in the appropriate column.

E. EQUIPMENT INVENTORY LISTING: The assessor uses this information to value oil and gas personal property located at the wellsite. Since wellsite and tank battery equipment are valued by the assessor using market value-based equipment lists found in ARL Volume 5, Chapter 6, published by the Division of Property Taxation, you should complete this inventory listing section. In accordance with § 39-3-119.5, C.R.S., your property is exempt from ad valorem taxation if the total actual value (market value) of all taxable well equipment (personal property) owned by you per county is \$7,900 or less. If you are a first time filer or are unsure as to whether the total actual value of your personal property per county exceeds \$7,900, please contact the county assessor. **Whether or not you file a declaration schedule, the assessor may select your account for an audit.** For boxes E1 through E5, check the appropriate boxes or fill in the applicable blanks. If information in boxes E1, E2, E3, E4, E5, F, and G has not changed since last year's filing, please check the **NO CHANGE** box. If you have questions about this section, contact the county assessor or refer to ARL Volume 5 (Personal Property Manual), Chapter 6, Oil and Gas Equipment.

E1. WELL CHARACTERISTICS: Please provide the requested data: ■ Basin name, well's depth, and correct well class (oil, gas, or coal seams gas).

E2. METHOD OF PRODUCTION: This is needed to determine correct Basic Equipment List (BEL). Please check the applicable box.

E3. INSTALLED EQUIPMENT: If the equipment inventory for the well has changed since last year's filing, fill in the blanks with numbers of all equipment items installed at the wellsite. Please check the appropriate overall equipment condition box and provide the average age based on year of manufacture. Include sizes for separators. Include size and type of water tank, i.e., poly, steel, concrete. Please attach a separate listing of any equipment that has undergone major overhaul, describe the overhaul, and estimate the number of years of productive life added to the overhauled equipment.

E4. ADDITIONAL INSTALLED EQUIPMENT: Fill in blanks with numbers of additional equipment items installed at the wellsite. Please indicate the type and number of wellheads on the well. A Combo wellhead has a threaded casinghead and a flanged tubinghead. Include sizes for chemical tanks, separators, fuel tanks, and free water knockouts. If there are Environmental Control Devices on the leasehold to capture or flare flash emissions, select either "Vapor Recovery System" or "Vapor Flare System (Enclosed Stack). If you have sound wall panels around or on your wellsite please list the .square feet of surface area covered. It may be necessary to attach a full description of equipment, if there is insufficient space on the form. Check the condition box to indicate the condition of the equipment.

E5. STORED EQUIPMENT: Provide the following information for equipment stored at the wellsite: ■Item ID Number ■Property Description and Model or Capacity, and ■Year Acquired. In general, stored equipment is taxable unless it is held for resale and you no longer plan to use this equipment in your operation. To receive an exemption from taxation for stored equipment you must supply an itemized listing of the equipment to the assessor along with the location of the items. Check appropriate overall condition box. Refer to ARL 5, Chapter 6 regarding items held for resale.

F. LEASED, LOANED OR RENTED PERSONAL PROPERTY: All personal property leased, loaned, or rented to the operator must be listed in this section or on a separate sheet(s). Property rented for 30 days at a time or less, returned at the renter's option, and for which sales/use tax is collected before it is finally sold is considered exempt and should **NOT** be reported. You must identify each item of leased personal property as follows: ■Owner/Lessor's Name, Address, and Telephone Number ■Model and Serial Number ■Lease Number ■Lease Term (From-To), and ■Total Amount of Annual Rent. Also, if purchase or maintenance options are included in the lease, provide details of these options on a separate sheet(s).

"CONSUMABLE" PERSONAL PROPERTY EXEMPT FROM TAXATION: Pursuant to § 39-3-119, C.R.S., personal property items that are classified as "consumable" as defined in ARL Volume 5, Chapter 2, are exempt from taxation and should NOT be listed on this declaration. "Consumable" personal property is defined as any item having a life of one (1) year or less regardless of cost, and any item with a life longer than one year that has a reasonable original installed cost or market value in use of \$350 or less at the time of acquisition. The \$350 limitation applies to personal property that is completely assembled and ready to perform the end user's intended purpose(s) and it includes all acquisition costs, installation costs, sales/use taxes, and freight expenses.

G. LISTING OF REAL PROPERTY IMPROVEMENTS: Describe by location all buildings, fixtures, and leasehold improvements, including dates original installed costs.

H. DECLARATION AND SIGNATURE: Print the personal property owner's Federal Employer Identification Number (FEIN) or Social Security Number (SSN). Print name of owner, name of person signing, phone number, and e-mail address. Then sign, date, and return this form to assessor by **April 15th**, § 39-5-107, C.R.S.

DS 658 – Oil and Gas Real and Personal Property

Declaration Schedule

Confidential

(one well per schedule)

Oil PIN Number

Pers. Prop. PIN Number

B.A. Code	T.A Code	Schedule/Acct#	DO NOT USE – FOR ASSESSOR ONLY				
			Code	Description	Actual Value	%	Assessed Value
<i>Assessment Date</i>	<i>Due Date</i>	RETURN TO COUNTY ASSESSOR County	71	Primary Prod.		87.5	
<i>1/1/2021</i>	<i>4/15/2021</i>		71	Secondary Prod.		75	
			72	Improvements		29	
			74	Equipment, Furn. & Machinery		29	
A. NAME, ADDRESS and COGCC Operator’s Number: (Indicate any changes/corrections)			TOTALS				
			Received	Approved	LATE PENALTY?		
			Completed	Abstr. Chgs.	Y <input type="checkbox"/> N <input type="checkbox"/>		
PHYSICAL LOCATION/LEGAL DESCRIPTION OF THE PROPERTY AS OF JANUARY 1, 2021:			If you are not the current business owner please list the name and address of the new owner below. Date Sold: _____				
B. STATUS OF PROPERTY:			Is this Your First Return?	API #	Date Well Completed (mo/yr)		
<input type="checkbox"/> New Well? <input type="checkbox"/> New Owner?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Well Name and Number			

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

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				“B” (Net) / “A” =	Bbls
MMBTU Factor:						“B” (Net) / “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		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				“B” (Net) / “A” =	Bbls
MMBTU Factor:						“B” (Net) / “A” =	Mcf

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
	\$	%
	\$	%
	\$	%
	\$	%

E. EQUIPMENT INVENTORY LISTING

Since wellsite equipment and tank battery equipment are valued by the assessor from an oil and gas equipment market value manual published by the Division of Property Taxation, you should complete this section. In accordance with § 39-3-119.5, C.R.S., your property is exempt from ad valorem taxation if the total actual value (market value) of all well equipment (personal property) owned by you per county is \$7,900 or less. If you are a first time filer or are unsure as to whether the total actual value of your personal property per county exceeds \$7,900, please contact the county assessor. **Whether or not you file a declaration schedule, the assessor may select your business for an audit.**

Check here if there is **NO CHANGE** to boxes **E1** through **E5, F, and G.**

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 – Check where applicable.

METHOD OF LIFT:	<input type="checkbox"/> FLOWING <input type="checkbox"/> PUMPING <input type="checkbox"/> PLUNGER LIFT <input type="checkbox"/> HYDRAULIC UNIT <input type="checkbox"/> PROGRESSIVE CAVITY
MOTOR TYPE:	<input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> ESP (Electric Submersible Pump)
TANKS INSTALLED:	<input type="checkbox"/> ON SITE <input type="checkbox"/> COMMON TANK BATTERY
SECONDARY WELL TYPE:	<input type="checkbox"/> SUPPLY <input type="checkbox"/> DISPOSAL <input type="checkbox"/> INJECTION: (If Injection Well)- <input type="checkbox"/> CO2 <input type="checkbox"/> WATER

E3. INSTALLED EQUIPMENT – Indicate quantity of each on location. (Please attach a separate listing of equipment that has been overhauled)

# TANKS (AT WELL SITE):		# TANKS IN COMMON TANK BATTERY:		
# PRODUCTION UNIT(S):		# DEHYDRATOR(S) <input type="checkbox"/> <5 <input type="checkbox"/> >6 mmscf/day:		
# SKIMMING TANKS:		# WATER TANKS:	(size)	(type) _____
# HEATER TREATER(S):		# SEPARATOR(S):	(size)	
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		

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) (Encl. Stk.)		
						#Vapor Recovery		#Vapor Tower(s)
#WELLHEAD(S):	<input type="checkbox"/> Flanged <input type="checkbox"/> Threaded <input type="checkbox"/> Combo	#SEPARATORS:	(size)	Waterflowline	<input type="checkbox"/> Std <input type="checkbox"/> Poly	(ft)		
# IN-LINE HEATER:		#CIRCULATION PUMP UNITS:		#GAS BOOSTER LINE COMPRESSOR:		hp		
#METER HOUSE:		# RECYCLE PUMP:		#FILTER VESSELS (avg. all sizes):				
#PIT TANKS:		#CHEMICAL TANKS:		#IMMERSION TANK HEATERS:				
#LACT UNIT:		# CHEMICAL PMP/TNK:		#FREE WATER KNOCKOUTS:		(size)		
#COMBUSTORS:		#SMALL COMBUSTERS:		SOUND PANELS (surface sq. ft.):				
OVERALL EQUIPMENT CONDITION (check one):		<input type="checkbox"/> VERY GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> MINIMUM						

E5. STORED EQUIPMENT – Attach additional itemized listing if needed.

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
		<input type="checkbox"/> Item is being held for resale
		<input type="checkbox"/> 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 or attach separate sheet.)

Owner/Lessor's Name, Address, Telephone Number	Description	Model/ Serial Number	Lease Number	Term From -To	Annual Rent
					\$
					\$

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

Location	Description	Date Installed	Original Installed Cost
Addition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Addition? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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) _____

NAME OF OWNER _____

PRINT NAME OF PERSON SIGNING _____ PHONE NUMBER _____

E-MAIL ADDRESS _____ FAX NUMBER _____

SIGNATURE* _____ DATE _____

*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, 2021.