

**Severance Tax Form Instructions**

DEPARTMENT OF REVENUE USE ONLY:

**Operator ID:**  **Taxpayer Name:**

	PRODUCTION PERIOD (mmyyyy)	REPORTING GROUP NUMBER	RATE CODE	API NUMBER			RESERVOIR NUMBER	GROSS SALES VOLUME	GROSS SALES VALUE	TAXABLE VALUE
				COUNTY NUMBER	WELL NUMBER	SIDETRACK NUMBER				
1	Taxpayer's Operator ID as assigned by the Wyoming Oil and Gas Conservation Commission (WOGCC), or as assigned by the Mineral Tax Division.						Taxpayer's name. <b>Do not</b> enter an agent's name here.			
2										
3										
4										
5	Month and year (mmyyyy). If you are an annual filer report production for the entire year as December (12yyyy).									
6										
8	Enter the five digit Reporting Group Number assigned by the Mineral Tax Division.									
9										
10	Enter the proper Rate Code Identifier for the well (see Rate Code Table).									
11										
12	<p><b>Use Form 2002 to itemize oil well incentives. Individual wells in a Reporting Group that qualify for well incentives, (<i>Rate Code Table, Rate Type = Well</i>), are itemized on Form 2002. A separate line is required for each well qualifying for a well incentive. Group Incentives, (<i>Rate Code Table, Rate Type = Group</i>), are not reported on Form 2002.</b></p> <p><b>Report all volumes and values rounded to the nearest whole number.</b></p>									
13										
14										

**Severance Tax Form Instructions**

State of Wyoming  
 Department of Revenue  
 122 West 25th Street  
 Cheyenne WY 82002-0110

**SEVERANCE TAX SCHEDULE**  
**Oil Well Incentive Reporting**

2002



DEPARTMENT OF REVENUE USE ONLY:

**Operator ID:**

**Taxpayer Name:**

	PRODUCTION PERIOD (mmyyyy)	REPORTING GROUP NUMBER	RATE CODE	API NUMBER				GROSS SALES VOLUME	GROSS SALES VALUE	TAXABLE VALUE
				COUNTY NUMBER	WELL NUMBER	SIDETRACK NUMBER	RESERVOIR NUMBER			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										

Enter the complete API Number of each qualifying well as assigned by the Wyoming Oil and Gas Conservation Commission. The API Number consists of County Number, Well Number, Side Track Number, and Reservoir Number.

Operators, enter barrels sold for each well, after deducting barrels taken in-kind by interest owners who are reporting on their own behalf. Take in-kind interest owners enter barrels taken in-kind for each well.

Enter the gross sales value for the well for the production period. Gross Sales Value includes all revenue relating to the production for the reported period, including tax reimbursements and all other revenue received or credited to all interest owners not taking in-kind and reporting on their own behalf, and including all Federal, State, or Tribal royalty owner's interest.

The taxable value equals the gross sales value for the well less any exempt royalty and transportation for the well.

**Severance Tax Form Instructions**

State of Wyoming Department of Revenue 122 West 25th Street Cheyenne WY 82002-0110	<h2 style="margin: 0;">SEVERANCE TAX SCHEDULE</h2> <h3 style="margin: 0;">Oil Well Incentive Reporting</h3>	2002 
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DEPARTMENT OF REVENUE USE ONLY:

**Operator ID:**

Severance Well Rate Code Table for Oil (as of 1/1/2002)

Rate Code	Mineral	Rate Type	Description
WRK	Oil	Well	Workover - Incremental
REC	Oil	Well	Recompletion - Incremental
NEW	Oil	Well	New Well
WLD	Oil	Well	Wildcat
COL	Oil	Well	Collection Well
REN	Oil	Well	Renewed Production

PRODUCTION PERIOD (mmyyyy)	REPORTING GROUP NUMBER	SALES VALUE	TAXABLE VALUE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

The cumulative total of all qualifying wells listed on Form 2002 for a particular Production Period, Reporting Group Number, and Rate Code must total to Form 2000 for the same Production Period, Reporting Group Number, and Rate Code.

The mailing address for all Department of Revenue mineral forms is:

Wyoming Department of Revenue  
 Mineral Tax Division  
 122 West 25th Street  
 Cheyenne, WY 82002-0110

All paper forms must be signed and dated originals.

**I declare under penalty of perjury that I have examined this return and, to the best of my knowledge and belief, it is correct and complete.**



Authorized Signature

Title

Date

# SEVERANCE TAX SCHEDULE

## Oil Well Incentive Reporting

2002



DEPARTMENT OF REVENUE USE ONLY:

**Operator ID:**

**Taxpayer Name:**

API NUMBER

	PRODUCTION PERIOD (mmyyyy)	REPORTING GROUP NUMBER	RATE CODE	COUNTY NUMBER	WELL NUMBER	SIDETRACK NUMBER	RESERVOIR NUMBER	GROSS SALES VOLUME	GROSS SALES VALUE	TAXABLE VALUE
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										

**I declare under penalty of perjury that I have examined this return and, to the best of my knowledge and belief, it is correct and complete.**

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date