

**OHIO RETURN OF OIL AND GAS PROPERTIES**

**ALL TAXES PAID BY OPERATOR**

for Calendar Year Ending December 31, \_\_\_\_\_

File with County Auditor by May 31 following above date

(See instructions on back.)

\_\_\_\_\_  
COUNTY NAME

\_\_\_\_\_  
AUDITOR'S NO.

**IMPORTANT:** The operator of the oil and gas well must complete this form when the operator pays the full amount of taxes assessed against the property, including taxes assessed against all royalty interests. If the operator does not pay all taxes assessed against all interests, the operator must file **DTE Form 6**, which requires a listing of all royalty interests

Name of Operator \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tax Billing Address \_\_\_\_\_  
 State of Incorporation (if a corporation) \_\_\_\_\_  
 Permit Number(s) \_\_\_\_\_

**Description of Property**

1. Name of Land Owner \_\_\_\_\_  
 Location: City, Village or Township \_\_\_\_\_ Taxing District \_\_\_\_\_  
 Parcel Number(s) \_\_\_\_\_ No. of Acres \_\_\_\_\_

**Production Information**

2. (a) Number of producing wells on property at end of year \_\_\_\_\_  
 (b) Number of commonly metered wells included on this report \_\_\_\_\_  
 3. If flush production is claimed: Date of first production \_\_\_\_\_ Number of days left in year \_\_\_\_\_

- 4. Flush production
- 5. Secondary recovery production (Do not claim if flush production is claimed.)
- 6. Total production for calendar year
- 7. Less: 42.5% of flush production on Line 4
- 8. Less: 50% of secondary recovery production on Line 5
- 9. Net annual production after deductions (Line 6 minus Lines 7 and 8)
- 10. Average daily production (See instructions)

	OIL (Bbls.)	GAS (MCF)
4.		
5.		
6.		
7.		
8.		
9.		
10.		

**Valuation of Oil and Gas Deposits** (To be completed by operator)

	Avg. Daily Production (Line 10)	×	Taxable Value (See Instructions)	=	Assessed Value
11. Oil	_____ Bbls.	×	_____ per Bbl.	=	\$ _____
12. Gas	_____ MCF	×	_____ per MCF	=	\$ _____
13. Total Assessed Value of Oil and Gas Deposits					\$ _____

**DECLARATION**

I declare under penalty of perjury that I have examined this return, including any accompanying schedules and statements, and to the best of my knowledge and belief, this return is true, correct, and complete.

Taxpayer \_\_\_\_\_

By \_\_\_\_\_  
 Signature Title

Date \_\_\_\_\_