INSTRUCTIONS

Form OR-1: Organization Report

Operators: \$105.00 Initial Filing Fee Transporters: \$105.00 Annual Fee

WHO FILES THE FORM OR-1

Each entity performing operations within the jurisdiction of the Office of Conservation must file annually. A separate Form OR-1, and appropriate fee (if applicable), must be filed for each type of operation. <u>All organizations must register with the Louisiana Secretary of State.</u>

WHEN TO FILE FORM OR-1

Form OR-1 must be filed and be approved prior to initial date of operation by any entity with whom the Office of Conservation has jurisdiction or must be filed when the organization name, contact person, officer and/or any address listed on approved Form OR-1 is being changed. Initial filing shall be valid for the first calendar year.

Form OR-1 must be re-filed annually by the date specified. The Office of Conservation will provide a renewal notice by mailing a blank Form OR-1. COMPLETE, SIGN, and DATE the OR-1 and return to the Office of Conservation in Baton Rouge by the date required.

Form OR-1 can be obtained from our web site www.dnr.louisiana.gov Navigate to Conservation - Forms/Reports/Documents - Engineering Division - OR-1

HOW TO COMPLETE THE FORM OR-1

- 1. Check the proper block to show the purpose of filing.
- 2. Your permanent code number is assigned upon initial filing of your OR-1. If you change your organization name, a new number will be assigned; do not give your previously assigned OOC Code Number in this space (See No. 9).
- 3. Check the proper block to show type of operation. A separate Form OR-1, and appropriate fee, must be filed for each type of operation.
 - a. Please indicate the Initial Date of Operation in Louisiana.
 - b. Please indicate the LA Secretary of State charter/organization ID number (if applicable).
- 4. Check the appropriate plan of organization. Select one only.
- 5. **COMPANY'S FEDERAL TAX ID NUMBER MUST BE LISTED.** The information provided will be used solely for the administration and enforcement of the laws pertaining to the Office of Conservation.
- 6. a. This is the official name of your organization as carried on Office of Conservation records. ADDRESS, ALONG WITH CONTACT PERSON FOR ORGANIZATION CORRESPONDENCE AND
 - b. AN EMERGENCY CONTACT, PHONE NUMBER, E-MAIL ADDRESS, ETC ARE REQUIRED PURSUANT TO R.S. 30:4B. ALL OF THIS INFORMATION MUST BE PROVIDED.
 - c e. Give the Address, Contact Person, Telephone Number, Fax Number and Email Address to which the requested Correspondence should be directed. Or check the box to signify that the information is the same as
- 7. List **ONLY** the **THREE** highest ranking officers of the organization and give their <u>full legal name</u> (**AGENTS NOT ACCEPTABLE**). Do not attach a listing of any others. If plan of organization is an individual, only No. 1 under primary officer is to be completed and the address may be the same as shown in No. 6a.
- 8. Equipment Description: Complete only the Section that applies to your Type of Operation.
 - a. List date of Certification if Certified by the Commissioner.
- 9. If you have changed your organization name, give the previous name of the organization, as well as the previously assigned OOC Code Number. PLEASE NOTE: For Operators All wells currently in the old organization's name are required to be changed into the new organizational name by filing Form MD-10-R-A, MD-10-R-AO, or MD-10-R-A-1. This change may require financial security in accordance with LAC 43:XIX.104. Also Form R-4 may be necessary.

To Print the document, click on the "PRINT FORM" button at the top of the form. This form must be printed on Legal size paper. When the Print dialouge box appears, you must check the box next to "Choose Paper Source by PDF Page Size", which will force the document to print on the Legal size paper you have loaded in your printer.

IF YOU HAVE ANY QUESTIONS PLEASE CALL PRODUCTION AUDIT AT (225) 342-5530.

RETURN TO:
DEPARTMENT OF NATURAL RESOURCES
OFFICE OF CONSERVATION - 9TH FLOOR
PRODUCTION AUDIT
P.O. BOX 94275
BATON ROUGE, LA. 70804-9275

DEPARTMENT OF NATURAL RESOURCES OFFICE OF CONSERVATION - 9TH FLOOR PRODUCTION AUDIT 617 N. 3RD STREET BATON ROUGE, LA. 70802

ORGANIZATION REPORT				2012 FORM O
Purpose of Filing:	READ THE		COMPLETE ENTIRE FORM	2. OOC Code Number:
	Annual Refiling	Change of Address/Contact/Officer Organization Name Change		2. 000 code number.
3. Type of Operation:	Oil Transporter/Storer Drip Pt., Scrubber, Etc.	Gas Transporter Gas Plant	3a. Initial Date of LA Operation:	3b. LA Secretary of State Charter Number:
Operator / Producer	Other	Refinery		
L. Current Plan of Organization	(Select ONLY ONE):	Corporation - State	Where Incorp	5. Company Federal Tax ID Number:
	LLC	Joint Venture	Trust	
Individual	Partnership	Trade Name	Other: 6b. EMERGENCY Contact A	ddwaa
Sa. Organization - Name & Maili	ig Address		Mark here if same as	
Contact Person for Organization:				<i></i>
Phone Number:			Eav Number:	
E-Mail Address (Required):			E-Mail Address (Required):	
ic. Address to which COMPLIAI	NCE correspondence chould be	n directed:		CTION & MINING correspondence should be direct
Mark here if same as 6a	NOE COTTESPONDENCE SHOULD BE		Mark here if same as	·
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Ob a se a Massack a se			Phone Number:	
- N			Fax Number:	
-Mail Address (Required):			E-Mail Address (Required):	
6e. Address to which PRODUC	FION AUDIT correspondence st	hould be directed:	7. Three Primary Officers: FUI	LL LEGAL NAME (If Individual, only one Officer neces
Mark here if same as 6a	TION AUDIT correspondence si	louid be directed.	_	
			Address:	
			Address.	
			Title:	
Contact Person:				
Phone Number:				
-Mail Address (Required):				
			Address:	
			Title:	
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3. Equipment Description (Only a. Gas Transporter:			oe of Operation): Give Date of Certificati	ion
	Intrastate	Interstate	Give Date of Certificati	ion:
•	ormal base location of equipment		0	
E ₁	quipment Identification and Descr	ription (Attach list if neede	d):	
a Can Diant on Oil Define	ATTACILI Cimplified cobs	amatia ar flau diagram of l	Plant or Definery process	
c. Gas Plant or Oil Refine		_		
Plant or Refinery Name:	-		Section, Township, Range, Parish:	
Physical Address:		<u> </u>	oootion, rownship, Nanye, Falish.	
			esired effective date of the company	·
Name:		OOC Code N	umber:	Eff. Date:
				y under any Chapters of Title 11 (Bankruptcy) of
the United States Code (11 U	.S.C.) by or against. The notific	cation will indicate the n	ame of the court and date of filing.	
			M AUTHORIZED TO MAKE THIS REPORT HEREIN ARE TRUE AND COMPLETE TO	T, THAT THIS REPORT WAS PREPARED BY ME THE BEST OF MY KNOWLEDGE.
PRINT	ED NAME		TITLE	DATE
	SIGNATURE			TELEPHONE NUMBER
FOR OFFICE OF CO	NSERVATION USE ONLY			
	APPROVE	ED RV·	г	PAID - CHECK NO.:
DATE:	APPRUVE	וט ע		UID - CLIECK MO