



Annual Statement of Production (Form 10) Instructions Rev. 3/2019

Required by Ohio Revised Code 1509.11 of any owner of a well that is not a horizontal well as defined in ORC 1509.01(GG).
The Form 10 must be submitted on or before March 31st for reporting the preceding year's production.

General Information

- Production must be submitted for each well producing or capable of producing oil and/or gas.
 - Owners with more than 100 wells are required to submit production information electronically, but all owners may submit production information electronically to Production@dnr.state.oh.us.
 - Electronic forms are available at oilandgas.ohiodnr.gov/electronicforms or by contacting the Division at (614) 265-6922 or Production@dnr.state.oh.us.
- Conventional well owners are required to submit a Form 10 on or before the 31st of March for the preceding calendar year.

Specific Instructions Regarding Form 10

Section I – Owner Information (Required)

- All fields in this section are required, **except** for 24-Hour Emergency Phone Number and Email.
- The Owner Number is the unique number assigned to each owner by the Division.

Section II – Well Information (Required)

- All fields in this section are required to be completed.
- The API Number is 14 digits and must be entered accurately without dashes (ex: 34001210000000). Inaccurate reporting of an API Number will result in a delay of the statement of production being processed.

Section III – Production Reporting (Required)

- All fields are required to be completed. Numerical entries are required. Enter a zero in any field where it is applicable.
- Production information is to be submitted as follows: oil in the quantity of barrels, gas in the quantity of MCF (thousand cubic feet of gas), and brine in the quantity of barrels. Enter the number of days that the well was in production.

Ohio law does not require the separate reporting of Natural Gas Liquids (NGLs) or condensate. NGLs **must** be reported as gas and condensate **must** be reported as oil.

- Production quantities are to be calculated at the nearest point from which the oil, gas, or brine is severed, or removed, from the ground.
 - Owners must report all gas severed, including gas used on-site and for domestic use.
 - Production must be calculated at the time when minerals are severed, not at the time of shipping or from sales.
 - Line loss, flaring, gas shrinkage, and compression cannot be deducted from the amount of production.
- If multiple wells produce through a common meter or tank, the owner is responsible for reporting the production of each well accurately.
- If ownership of a well transfers or if well status change occurs, such as the plugging of a well, the owner is still required to submit production information for the timeframe in which the well was owned or for the period of time before the well was plugged.

Section IV – Real Property Tax Adjustment for Volume Sold (Optional)

- The Ohio Department of Taxation has requested that the Division collect this information. Ohio law calls for the use of the volume of product sold and the date of first production to calculate real property taxes for the following tax year. For questions regarding Section IV, please contact the Ohio Department of Taxation, Tax Equalization Division at (614) 466-5744.
- If this section is not completed, the real property taxes will be calculated using the volume of product produced as reported on this form.
- These fields are not required to satisfy ORC 1509.11(A)(1).

Section V – Domestic User Information (Optional)

- The Division has included this section so that landowners can be notified timely in the case of an emergency situation.
- These fields are not required to satisfy ORC 1509.11(A)(1).

Section VI – Well Status Changes During the Reporting Period (If Applicable)

- Select one status that best represents the well status change during the reporting period and add additional notes as required if the well was transferred, plugged, or placed in an approved temporary inactive status:
 - *Plugged:* Provide the date the well was plugged. A completed *Well Plugging Report (Form 55)* must be submitted to the Division. Electronic forms are available at oilandgas.ohiodnr.gov/electronicforms if this step has not already been taken. See ORC 1509.14 for additional information.
 - *Transferred:* Provide the date of transfer and identify the other party associated in the transaction. A completed *Change of Owner Form (Form 7)* must be submitted to the Division. Electronic forms are available at oilandgas.ohiodnr.gov/electronicforms. See ORC 1509.31 for additional information.
 - *Temporary Inactive Status:* Provide the date this status was approved by the Division. See ORC 1509.062 for additional information.

Section VII – Tank Information (Optional)

- We are adding this information to build an electronic State Emergency Response Commission (SERC) reporting system that you may utilize to file annual reports.
- Please report on the entire tank battery for this well.
 - Identifying information for the tank battery, which is a unique name and/or number assigned by the owner or others.
 - List the latitude and longitude, number of tanks, and total storage capacity of the tank battery.
 - If you are unable to provide an accurate latitude and longitude for a tank battery, please contact the Division for assistance at (614) 265-6922 or Production@dnr.state.oh.us.
 - List the API Number(s) of all wells that produce oil, brine, or condensate into the tank battery.
 - The API Number is 14 digits and must be entered accurately without dashes (ex: 34001210000000). Inaccurate reporting of an API Number will result in a delay of the statement of production being processed.
- These fields are not required to satisfy ORC 1509.11(A)(1) but will be required under the reporting requirements of ORC 1509.231.

Section VIII – Signature (Required)

- Form 10 must be signed by the owner of the well as defined in ORC 1509.01(K) or the authorized agent of the owner.

Please call the Division at (614) 265-6922 or email Production@dnr.state.oh.us if you have questions.



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For Calendar Year Ending December 31, 20__

Section I. Owner Information (Required)

Owner Name:				Owner Number:	
Mailing Address:				Office Phone:	
City / State / Zip:					
24-Hour Emergency Phone (Optional):					
Email (Optional):					

Section II. Well Information (Required)

API Number:	34	Well Name:			
Well Number:		County:		Township:	

Section III. Production Information (Required)

Oil Produced (BBL)	Gas Produced (MCF)	Brine Produced (BBL)	Days in Production

Section IV. Real Property Tax Information (Optional)

Oil Sold (BBL)	Gas Sold (MCF)	Date of First Production

Section V. Domestic User Information (Optional) No Domestic User

Domestic User Name	Domestic User Address	City	State	Zip	Phone

Section VI. Well Status Changes During Reporting Period (If Applicable)

Select one.

Plugged on MM/DD/YYYY

Transferred on MM/DD/YYYY To:

Temporary Inactive Status Approved on MM/DD/YYYY

For Calendar Year Ending December 31, 20__

Section VII. Tank Information (Optional)

No Storage Tank

Common Tank Battery

Name: **Number of Tanks:** **Total Storage: (BBL)**

County: **Township:** **Municipality:**
Section: **Lot:** **Latitude:** **Longitude:**

Tank 1 Storage (BBL)	Tank 1 Contents	All API numbers associated with tank
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tank 2 Storage (BBL)	Tank 2 Contents	All API numbers associated with tank
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tank 3 Storage (BBL)	Tank 3 Contents	All API numbers associated with tank
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tank 4 Storage (BBL)	Tank 4 Contents	All API numbers associated with tank
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tank 5 Storage (BBL)	Tank 5 Contents	All API numbers associated with tank
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please add copies of this page for additional tanks.

Section VIII. Signature (Required)

The signature must be that of the owner of the well as defined in ORC 1509.01 (K) or the authorized agent of the owner.

Print Name: **Title:**

My signature below certifies that the information provided is true and accurate to the best of my knowledge, under penalty of law.

Signature: _____ **Date:** _____