

INSTRUCTIONS
Form OR-1: Organization Report
Registration Fee: \$105.00

WHO IS TO FILE 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. All organizations must register with the Louisiana Secretary of State.

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.

SPECIFIC ITEMS ON 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. 10).
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.**
 - 3a. Please indicate the **Initial Date of Operation in Louisiana.**
 - 3b. Please indicate the LA Secretary of State charter/organization ID number (if applicable).
 - 3c. For Gas Plant or Refinery only, **Give Name and OOC Code Number of Gas Plant or Refinery.**
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. This is the official name of your organization as carried on Office of Conservation records. **ADDRESS, ALONG WITH CONTACT PERSON FOR ORGANIZATION CORRESPONDENCE AND AN EMERGENCY CONTACT, PHONE NUMBER, E-MAIL ADDRESS, ETC. ARE REQUIRED PURSUANT TO R.S. 30:4B. ALL OF THIS INFORMATION MUST BE PROVIDED.**
 - 6a. and 6b. **NAME AND ADDRESS INSTRUCTIONS:** Each name and address line is limited to 40 spaces in length. Each name is limited to one line while each address is limited to four lines. Use abbreviations where necessary to conform to these limits.
7. Address to which Production Audit reporting correspondence should be directed, give Contact Person, telephone number, fax number, and e-mail address.
8. List **ONLY** the **THREE** highest ranking officers of the organization and give their full legal name (**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. 6.
9. Complete Page 2 for Transporters, Storers, Plants and Refineries.
 - a.) Gas Transporters, check the appropriate box and, if certified by the Commissioner of Conservation, give date of certification.
 - b.) Oil Transporters/Storers must identify and describe all equipment and give normal base location of equipment.
 - c.) Gas Plants or Refineries, indicate physical location of gas plant/oil refinery by street address, section, township, range, and parish. Attach copy of simplified flow diagram or schematic. Indicate name of plant; if new plant, indicate date of initial operation.
10. If you have changed your organization name, give the previous name of the organization as well as the previously assigned OOC Code Number. Also, indicate the desired effective date of the organization name change.

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

RETURN TO:
DEPARTMENT OF NATURAL RESOURCES
OFFICE OF CONSERVATION
P.O. BOX 94008
BATON ROUGE, LA. 70804-9008

9. EQUIPMENT DESCRIPTION (Complete only the section that applies to Type of Operation):

a.) GAS TRANSPORTER:

1.) Intrastate Interstate2.) Give date of Certification: _____
(if Certified by the Commissioner)

b.) OIL TRANSPORTER/STORER:

1.) Normal base location of equipment:

2.) Equipment Identification and Description:
(License Number, Tank/Barge Number, Capacity, and/or other type of identification.)

c.) GAS PLANT OR OIL REFINERY:

1.) Physical location of Plant or Refinery. **ALL REQUIRED:** Street address, section, township, range, and parish:

2.) Plant or Refinery Name: _____

3.) Initial date of operation: _____

4.) **Attach simplified schematic or flow diagram of Plant or Refinery process.**