

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. **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.

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 6a.
7. 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. 6a.
8. Equipment Description: Complete only the Section that applies to your Type of Operation. 8a. 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.

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

READ THE INSTRUCTIONS • COMPLETE ENTIRE FORM

1. Purpose of Filing:		Initial Filing		Change of Address/Contact/Officer		2. OOC Code Number:	
		Annual Refiling		Organization Name Change			
3. Type of Operation:		Oil Transporter/Storer		Gas Transporter		3a. Initial Date of LA Operation:	
		Drip Pt., Scrubber, Etc.		Gas Plant		3b. LA Secretary of State Charter Number:	
Operator / Producer		Other		Refinery			
4. Current Plan of Organization (Select ONLY ONE):				Corporation - State Where Incorp		5. Company Federal Tax ID Number:	
Company		LLC		Joint Venture		Trust	
Individual		Partnership		Trade Name		Other:	

6a. Organization - Name & Mailing Address		6b. EMERGENCY Contact Address	
		<input type="checkbox"/> Mark here if same as 6a	
Contact Person for Organization:		Contact Person for Emergency:	
Phone Number:		Phone Number:	
Fax Number:		Fax Number:	
E-Mail Address (Required):		E-Mail Address (Required):	
6c. Address to which COMPLIANCE Correspondence should be directed:		6d. Address to which INJECTION & MINING correspondence should be directed:	
<input type="checkbox"/> Mark here if same as 6a		<input type="checkbox"/> Mark here if same as 6a	
Contact Person:		Contact Person:	
Phone Number:		Phone Number:	
Fax Number:		Fax Number:	
E-Mail Address (Required):		E-Mail Address (Required):	
6e. Address to which PRODUCTION AUDIT correspondence should be directed:		7. Three Primary Officers <u>FULL LEGAL NAME</u> (If Individual, only one Officer necessary)	
<input type="checkbox"/> Mark here if same as 6a		(1) Name:	
		Address:	
		Title:	
		(2) Name:	
Contact Person:		Address:	
Phone Number:			
Fax Number:		Title:	
E-Mail Address (Required):		(3) Name:	
		Address:	
		Title:	

8. Equipment Description (Only complete the section (a, b, or c) that applies to the Type of Operation):

a. Gas Transporter: ☐ Intrastate ☐ Interstate Give Date of Certification

b. Oil Transporter: Normal base location of equipment: Equipment Identification and Description (Attach list if needed):

c. Gas Plant or Oil Refinery: ATTACH: Simplified schematic or flow diagram of Plant or Refinery process

Plant or Refinery Name: Initial Date of Operation:

Physical Address: Section, Township, Range, Parish:

9. If a change of organization name, give previous name, OOC code number and the desired effective date of the company name change:

Name: OOC Code Number: Eff. Date:

10. Each registered organization shall notify this Office, in writing, following the filing of a voluntary petition for bankruptcy under any Chapters of Title 11 (Bankruptcy) of the United States Code (11 U.S.C.) by or against. The notification will indicate the name of the court and date of filing.

CERTIFICATE: I DECLARE UNDER PENALTIES AS PRESCRIBED IN LRS 30:17, THAT I AM AUTHORIZED TO MAKE THIS REPORT, THAT THIS REPORT WAS PREPARED BY ME OR UNDER MY SUPERVISION AND DIRECTION, AND THAT DATA AND FACTS STATED THEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

PRINTED NAME	TITLE	DATE
SIGNATURE	TELEPHONE NUMBER	

FOR OFFICE OF CONSERVATION USE ONLY

DATE APPROVED BY PAID - CHECK NO.