

DS 658S – Oil & Gas Real and Personal Property Declaration Schedule and Instructions

THIS SCHEDULE MUST BE FILED EVERY YEAR REGARDLESS IF ANY ADDITIONS OR DELETIONS WERE MADE
DUE DATE APRIL 15, 2026
FOR ASSESSMENT YEAR BEGINNING JANUARY 1, 2026

INSTRUCTIONS FOR COMPLETING THE OIL AND GAS REAL AND PERSONAL PROPERTY DECLARATION SCHEDULE DS 658

Use one schedule for each wellsite. If your information is combined by field or unit, your information must be segregated by well and accompanied by a signed DS 658S. Attach required additional information, as described below, to this declaration schedule. Please visit <https://dpt.colorado.gov> for General Information on all Declaration Schedules. Refer to [ARL Volume 3, Chapter 6](#) for additional information.

State of Colorado
**DS 658 – Oil and Gas Real and Personal Property
Declaration Schedule**
Confidential
(one well per schedule)

Oil PIN Number	Pers. Prop. PIN Number

B.A. Code	T.A Code	Schedule/Acct#	DO NOT USE – FOR ASSESSOR ONLY				
			Code	Description	Actual Value	%	Assessed Value
<i>Assessment Date</i>	<i>Due Date</i>	RETURN TO COUNTY ASSESSOR County	71	Primary Prod.		87.5	
<i>1/1/2026</i>	<i>4/15/2026</i>		71	Secondary Prod.		75	
			72	Improvements		26	
A. NAME, ADDRESS and ECMC Operator’s Number: (Indicate any changes/corrections)			74	Equipment, Furn. & Machinery		26	
			TOTALS				
			Received	Approved	LATE PENALTY?		
			Completed	Abstr. Chgs.	Y <input type="checkbox"/> N <input type="checkbox"/>		

PHYSICAL LOCATION/LEGAL DESCRIPTION OF THE PROPERTY AS OF JANUARY 1, 2026:	If you are not the current business owner please list the name and address of the new owner below. Date Sold: <input type="text"/>

B. STATUS OF PROPERTY:	Is this Your First Return?	API #	Date Well Completed (mo/yr)
<input type="checkbox"/> New Well? <input type="checkbox"/> New Owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Well Name and Number	

C. PRODUCTION REPORT FOR PREVIOUS YEAR:

Check here if you have completed the NERF Spreadsheet. Please attach the NERF and any additional required forms to this Declaration Schedule and skip to Section H.

Check one box for valuation method used:

Actual Wellhead Price Related and/or Unrelated Party Netback Comparable Price Used to Value Producer/Processor’s Leasehold

C.R.S. 39-7-101 requires all operators to report 100% of net taxable revenue from volume sold or transported from lease, including take-in-kind interests.

Check box if **all** take-in-kind interests have been reported. If not, you **must** provide interest owner information.

TAKE-IN-KIND (TIK) – List all unreported non-operating interest owners taking production in kind and the fractional interest		
Name	Address	Fractional Interest

C1. PRIMARY PRODUCTION – Attach TIK Report, See Instructions						FOR ASSESSOR’S USE ONLY	
TYPE	UNIT	Total Produced: (Should Reconcile to ECMC Form 7)	A. Sold or Transported From Lease	B. Total Value Received		ALLOWED ROYALTY EXCLUSION	ACTUAL VALUE
				Gross	Net		
OIL	BBL			\$	\$	\$	\$
GAS	MCF			\$	\$	\$	\$
WATER	BBL						
NGLs	<input type="checkbox"/> GAL			\$	\$	\$	\$
	<input type="checkbox"/> BBL			\$	\$	\$	\$
DAYS CAPABLE OF PRODUCTION:						TOTALS	\$
(365 Days, less actual downtime) =			Days			“B” (Net) / “A” =	Bbls
MMBTU Factor:						“B” (Net) / “A” =	Mcf

C2. SECONDARY PRODUCTION – Attach TIK Report, See Instructions						FOR ASSESSOR'S USE ONLY	
TYPE	UNIT	Total Produced: (Should Reconcile to ECOM Form 7)	A. Sold or Transported From Lease	B. Total Value Received		ALLOWED ROYALTY EXCLUSION	ACTUAL VALUE
				Gross	Net		
OIL	BBL			\$	\$	\$	\$
GAS	MCF			\$	\$	\$	\$
WATER	BBL						
NGLs	<input type="checkbox"/> GAL			\$	\$	\$	\$
	<input type="checkbox"/> BBL			\$	\$	\$	\$
DAYS CAPABLE OF PRODUCTION:						TOTALS	
(365 Days, less actual downtime) =		Days				"B" (Net) / "A" =	
MMBTU Factor:						Bbls	
						"B" (Net) / "A" =	
						Mcf	

D. EXCLUDABLE ROYALTIES

Excludable royalty amounts are limited to the fractional interest owned by the U.S. Government, a Government Agency, the State of Colorado, any agency or political subdivision of the State of Colorado, or any Indian Tribe. **The taxpayer must list the dollar amount of royalties actually paid.** The "Royalty % Exempt from Taxation" is based on the dollar amount actually paid.

Name of Agency	Royalty \$ Exempt from Taxation	Royalty % Exempt from Taxation
	\$	%
	\$	%
	\$	%
	\$	%

E. EQUIPMENT INVENTORY LISTING

Since wellsite equipment and tank battery equipment are valued by the assessor from an oil and gas equipment market value manual published by the Division of Property Taxation, you should complete this section. In accordance with § 39-3-119.5, C.R.S., your property is exempt from ad valorem taxation if the total actual value (market value) of all well equipment (personal property) owned by you per county is \$56,000 or less. If you are a first time filer or are unsure as to whether the total actual value of your personal property per county exceeds \$56,000, please contact the county assessor. **Whether or not you file a declaration schedule, the assessor may select your business for an audit.**

Check here if there is **NO CHANGE** to boxes **E1** through **E5**, **F**, and **G**.

E1. WELL CHARACTERISTICS

BASIN NAME:		WELL DEPTH:	
CLASS (check one):	<input type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> COAL SEAMS GAS		

E2. METHOD OF PRODUCTION – Check where applicable.

METHOD OF LIFT:	<input type="checkbox"/> FLOWING <input type="checkbox"/> PUMPING <input type="checkbox"/> PLUNGER LIFT <input type="checkbox"/> HYDRAULIC UNIT <input type="checkbox"/> PROGRESSIVE CAVITY
MOTOR TYPE:	<input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> ESP (Electric Submersible Pump)
TANKS INSTALLED:	<input type="checkbox"/> ON SITE <input type="checkbox"/> COMMON TANK BATTERY
SECONDARY WELL TYPE:	<input type="checkbox"/> SUPPLY <input type="checkbox"/> DISPOSAL <input type="checkbox"/> INJECTION: (If Injection Well)- <input type="checkbox"/> CO2 <input type="checkbox"/> WATER

E3. INSTALLED EQUIPMENT – Indicate quantity of each on location. (Please attach a separate listing of equipment that has been overhauled)

# TANKS (AT WELL SITE):		# TANKS IN COMMON TANK BATTERY:		(type) <input type="text"/>
# PRODUCTION UNIT(S):		# DEHYDRATOR(S) <input type="checkbox"/> <5 <input type="checkbox"/> >6 mmscf/day:		
# SKIMMING TANKS:		# WATER TANKS:	(size) <input type="text"/>	
# HEATER TREATER(S):		# SEPARATOR(S):	(size) <input type="text"/>	
OVERALL EQUIPMENT CONDITION (check one):		<input type="checkbox"/> VERY GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> MINIMUM		
Based on year of manufacture, indicate the average age of installed wellsite equipment:		Years	<input type="text"/>	

E4. ADDITIONAL INSTALLED EQUIPMENT – Indicate quantity of each on location.

MEASUREMENT EQUIPMENT (Meter Run)			CATHODIC PROTECTION UNIT			ENVIRONMENTAL CONTROL SYSTEM DEVICES		
2" <input type="text"/>	4" <input type="text"/>	6" <input type="text"/>	#w/Rectifier <input type="text"/>	#w/Solar Panels <input type="text"/>	#Vapor Flare System(s) (Encl. Stk.) <input type="text"/>	#Vapor Recovery <input type="text"/>	#Vapor Tower(s) <input type="text"/>	
#WELLHEAD(S):	<input type="checkbox"/> Flanged <input type="checkbox"/> Threaded <input type="checkbox"/> Combo	#SEPARATORS:	(size) <input type="text"/>	Waterflowline <input type="checkbox"/> Stl <input type="checkbox"/> Poly	(ft) <input type="text"/>			
# IN-LINE HEATER:		#CIRCULATION PUMP UNITS:		#GAS BOOSTER LINE COMPRESSOR:	hp <input type="text"/>			
#METER HOUSE:		# RECYCLE PUMP:		#FILTER VESSELS (avg. all sizes):				
#PIT TANKS:		#CHEMICAL TANKS:		#IMMERSION TANK HEATERS:				
#LACT UNIT:		# CHEMICAL PMP/TNK:		#FREE WATER KNOCKOUTS:	(size) <input type="text"/>			
#COMBUSTORS:		#SMALL COMBUSTORS:		SOUND PANELS (surface sq. ft.):				
OVERALL EQUIPMENT CONDITION (check one):		<input type="checkbox"/> VERY GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> MINIMUM						

E5. STORED EQUIPMENT – Attach additional itemized listing if needed.

Item ID Number	Description/Model or Capacity	Check box if item is being held for resale.
		<input type="checkbox"/> Item is being held for resale
		<input type="checkbox"/> Item is being held for resale
		<input type="checkbox"/> Item is being held for resale
		<input type="checkbox"/> Item is being held for resale
OVERALL STORED EQUIPMENT CONDITION (check one):		<input type="checkbox"/> VERY GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> MINIMUM

F. LEASED, LOANED, OR RENTED PROPERTY (Declare personal property owned by others or attach separate sheet.)

Owner/Lessor's Name, Address, Telephone Number	Description	Model/ Serial Number	Lease Number	Term From -To	Annual Rent
					\$
					\$

G. LISTING OF REAL PROPERTY IMPROVEMENTS (Attach separate sheet if necessary.)

Location	Description	Date Installed	Original Installed Cost
Addition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Addition? <input type="checkbox"/> Yes <input type="checkbox"/> No			

H. DECLARATION: (THIS RETURN IS SUBJECT TO AUDIT)

"I declare, under penalty of perjury in the second degree, that this schedule, together with any accompanying exhibits or statements, has been examined by me and to the best of my knowledge, information, and belief sets forth a full and complete list of all taxable personal property owned by me, or in my possession, or under my control, located in this county, Colorado, on the assessment date of this year; that such property has been reasonably described and its value fairly represented; and that no attempt has been made to mislead the assessor as to its age, quality, quantity, or value." § 39-5-107(2), C.R.S.

I further declare that I have personally examined the information contained within this schedule and that this schedule sets forth the information requested to the best of my knowledge and belief. However, "no representations are made as to the accuracy of the value of any portion of the production from subject property that is taken in kind by any owner other than the undersigned." § 39-7-101(1)(f), C.R.S.

PROPERTY OWNER'S FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)/SOCIAL SECURITY NUMBER (SSN) _____

NAME OF OWNER _____

PRINT NAME OF PERSON SIGNING _____ PHONE NUMBER _____

E-MAIL ADDRESS _____ FAX NUMBER _____

SIGNATURE* _____ DATE _____

*Signing as: Owner Operator Agent Person in control of wellsite and equipment

PLEASE COMPLETE, SIGN AND RETURN TO THE ASSESSOR ON OR BEFORE APRIL 15, 2026.