

Retaining this application request:
Operator/Purchaser(s) should retain a certified/approved copy of this application. (K.S.A. 79-4224)

KANSAS DEPARTMENT OF REVENUE
DIVISION OF TAX OPERATIONS

MINERAL TAX

PHONE: 785-368-8222

FAX: 785-296-4993

EMAIL: kdor_mineral.tax@ks.gov

OFFICE USE ONLY LEASE CODE

Approved: Yes No

Lease Code No.: _____

Date Assigned: _____

Customer Rep Initials: _____

LEASE CODE REQUEST APPLICATION

(Information needed here is required in order to process your request)

This can only be emailed to the email address at the top (in the subject line enter Lease Code Request) or faxed to the number above.

Application is hereby made to the Director of Taxation to request a lease code for a well from Kansas Mineral Tax. Application is made with full knowledge of the penalties as prescribed by law. The turnaround time to process your application is 24 – 48 hours. If you are the Operator or Purchaser making this request, you will be responsible for notifying the other party. Please check the appropriate box as to who is applying for the Lease Code.

Current Operator Name

Operator Number

Current Operator Complete Address

Current Operator Email Address

Contact Name and Phone Number

Current First Purchaser Name

Purchaser ID/Mineral Tax Number

Current First Purchaser Complete Address

Current First Purchaser Email Address

Contact Name and Phone Number

LEASE CODE REQUEST

Commodity Type (check only one): Oil or Gas

Well Name: _____

Number of Wells: _____ **Note:** Any wells that qualify for New Pool Exemption(s) are required to be issued a single lease code number. (K.S.A. 79-4217 and/or revised Notice 12-02)

API Number: _____

County Name: _____

Legal Description: Sec. _____ Twn. _____ Rng _____

Date of First Production (mm/dd/yyyy): _____

Depth of Well: _____

COMMENT / REMARKS

