



Organization Report

**A. Instructions for Form IDLOGD0018 - Organization Report**

**IDAPA 20.07.02 Conservation of Oil & Natural Gas in the State of Idaho**

**032. ORGANIZATION REPORTS.**

**01. Required Content.** Before any person engages in any activity covered by the statutes and rules of the Commission, that person must file an organization report with the Department. The organization report must include the following information: (4-11-15)

- a. The person's name and the type of the business being operated or conducted; (4-11-15)
- b. The mailing address to which all correspondence from the Department is to be sent; (4-11-15)
- c. The telephone number(s), facsimile number(s), and e-mail address(es) for which contact by the Department may be made; (4-11-15)
- d. The names of persons authorized to submit required forms, reports, and other documents to the Department; and (4-11-15)
- e. If a legal entity, proof the person is authorized to transact business within the state. (4-11-15)

**02. Updates.** A supplementary report must be filed with the Department within thirty (30) days of any change to facts stated in a previously-filed organization report. (4-11-15)

Pursuant to IDAPA 20.07.02, all entities performing oil and gas operations in the state of Idaho are required to file an Organization Report with the Department. Please complete each section of the report as instructed and return the original signed copy to Idaho Department of Lands, Oil & Gas Division at the address at the bottom of the form.

Is this a Change of Information previously submitted to the Department?     Yes     No

**B. Full Name of Company, Organization or Individual:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Plan of Organization (state whether organization is a corporation, joint stock association, firm, partnership or individual): \_\_\_\_\_

If a reorganization, give name and address of previous organization: \_\_\_\_\_

If a foreign corporation, complete the following:

1) State where incorporated: \_\_\_\_\_

2) Name and address of state agent: \_\_\_\_\_

3) Date of permit to do business in the state: \_\_\_\_\_

Has a Certificate of Authority been filed with the Idaho Secretary of State?  Yes  No

(If this is a new application, please attach a copy with this form).

Indicate the type of operations performed by the business entity (check all that apply):

Operator  Producer  Gatherer  Processor / Refiner  Transporter / Storer

Purchaser  Produced Water Facility  Seismic Operator  Other

If Other, Explain: \_\_\_\_\_

**C. Principal Officers or Partners (If Partnership):**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**D. Director's Names:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**E. Persons Authorized to File Applications, Operations Reports (IDAPA 20.07.02.032.d) or Monthly Reports per Idaho Code § 47-324:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**F. CERTIFICATE:**

I, the undersigned, state that I am the \_\_\_\_\_ (title)  
of \_\_\_\_\_ (company), and that I am authorized  
by said company to make this report and that this report was prepared under my supervision and direction and that  
the facts stated herein are true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please submit the signed original of this form, along with all other required documentation to:

Idaho Department of Lands  
Attn: Oil & Gas Division Administrator  
300 N. 6<sup>th</sup> Street, Suite 103  
PO Box 83720  
Boise, Idaho 83720-0050

Direct inquiries to:

Oil & Gas Division Administrator: Mick Thomas  
Oil & Gas Program Manager: James Thum

[mthomas@idl.idaho.gov](mailto:mthomas@idl.idaho.gov)  
[jthum@idl.idaho.gov](mailto:jthum@idl.idaho.gov)

Main Office Number: (208) 334-0200