

**CLOSED-LOOP ENHANCED OIL RECOVERY OPERATION EQUIPMENT
MONTANA PROPERTY TAX ABATEMENT AND CLASSIFICATION CERTIFICATION FORM**

Montana Department of Environmental Quality
Supervisor Registration Section
Air Quality Registration Section
49 N. Main Street, Suite B
Butte, MT 59701
Phone: (406) 782-2689 FAX (406) 782-2701

For State of Montana Use Only

Submit one (1) signed copy (paper or electronic) to the Montana Department of Environmental Quality (Department) at the above address. The Department will determine the completeness of the application within 30 days after receipt and notify the applicant in writing of the Department's decision. The Department will issue the certification or deny the application within 60 days of the completeness determination. Please contact the Department if you have any questions or need assistance.



CERTIFICATION REQUEST

Select the appropriate property tax certification being requested (check all that apply):

- Class Fifteen Property Tax Eligibility Certification?
- Tax Abatement Eligibility Certification?

Select the appropriate action related to the certification (check one):

- New Closed-Loop Enhanced Recovery Operation Certification?
- Update to Closed-Loop Enhanced Recovery Operation Certification?

NAMES AND ADDRESSES

Applicant Information

Contact Information

Company Name: _____
Mailing Address: _____

Telephone: _____

Contact Person: _____
Mailing Address: _____

Telephone: _____
Email: _____

**CLOSED-LOOP ENHANCED OIL RECOVERY OPERATION
CONSTRUCTION, PROCESS, AND EQUIPMENT INFORMATION**

The following information regarding the closed-loop enhanced recovery operation must be supplied by the applicant in either the space provided on the form or as an attachment.

- 1.) Provide a name for the closed-loop enhanced recovery operation that the applicant is seeking certification for.

Closed-Loop Enhanced Recovery
Operation Designation: _____

- 2.) Provide the date the closed-loop enhanced recovery operation construction began and the date the closed-loop enhanced recovery operation commenced (or is anticipated to commence).

Start Date of Construction: _____

Start Date of Operation: _____

- Actual Date
 Anticipated Date

- 3.) Provide a detailed description of the closed-loop enhanced recovery operation, including the associated equipment, structures, interconnections, and injection points, for which the certification is requested. At a minimum, the following information must be provided:

- A list of all plants or facilities that produce or capture (or will produce or capture) the carbon dioxide for the operation. Please include the name and location (e.g., physical address, latitude and longitude, legal description, etc.) of each plant or facility.
- A list of wells to which the carbon dioxide is, or will be, injected. For each well, the applicant must include the location or proposed location (i.e., county, township, range, section, quarter/quarter, latitude and longitude) as well as the Montana Board of Oil and Gas underground injection control (UIC) permit number and American Petroleum Institute (API) number for each carbon dioxide injection well, if available.
- A map(s) or drawing(s) showing the location of the operation equipment and location of each well and injection point at the time of the application.

- 4.) Provide the purity level of the carbon dioxide received by the operation. Attach appropriate documentation for the purity level reported. For facilities that are not operational at the time of the application, submit the documentation within 60 days after commencing operation.

Closed-Loop Enhanced Recovery Operation
Carbon Dioxide Purity Level (%): _____

- 5.) Provide detailed documentation (e.g., modeling data, monitoring data, engineering calculations, etc.) showing that the operation will retain no less than 85% percent of the injected carbon dioxide each year. Include the protocol used for obtaining the data and describe the quality control and quality assurance procedures followed in gathering or producing the data.

ADDITIONAL INFORMATION

Answer yes or no to each of the following statements.

- 1.) Each source of the carbon dioxide to be injected in the operation is, or will be, a plant or facility that produces or captures carbon dioxide, within the meaning of 15-6-158(2)(g), MCA, and is not, or will not be, a well from which the primary product is carbon dioxide.
- Yes
 No
- 2.) The Montana Board of Oil and Gas Conservation has issued, or will have issued, a final underground injection control permit for each well in which carbon dioxide is injected, or will be injected, as part of the operation.
- Yes
 No

3.) The standard prevailing rate of wages for heavy construction were (or will be) paid during construction as provided in 18-2-414, MCA.

- Yes
 No

CERTIFICATION OF ACCURACY AND COMPLETENESS

I hereby certify that, to the best of my knowledge, information and belief, formed after reasonable inquiry, the information provided in this form is true, accurate, and complete.

(Name, title, and signature of company representative)

Name: _____
(Print or Type)

Title: _____

Telephone: _____

Signature: _____
(Signature Required)

Date: _____

Mail the completed form to:

OR

Email the completed form to:

Supervisor Registration Section
Montana Department of Environmental Quality
Air Quality Registration Section
49 N. Main Street, Suite B
Butte, MT 59701

DEQ-ARMB-Admin@mt.gov

General Information

1. Complete a separate application for each facility/field for which a certification is desired.
2. When necessary, provide additional information as an attachment to the application with the corresponding question.
3. If any information required for certification has previously been submitted to another Montana state agency, the applicant can identify the agency that has the information in the application. If, after reasonable efforts, the Department is unable to obtain the information from the other agency, it will be requested from the applicant.
4. To ensure the timely issuance of certifications, the Department requests that a complete application be received on or before December 31 of the applicable tax year.
5. Upon request by the Department, an applicant is required to submit any additional supporting documentation that is required for certification.
6. Please call the Montana Department of Environmental Quality Air Registration Section at (406) 782-2689 with questions regarding the closed-loop enhanced oil recovery operation certification.