**MEEI TAX FORM 2**

**(Investment Tax Credit)**

**Instructions**

1. **NAME OF FORM:**

Application for certification of approved development activity.

1. **PURPOSE:**

To certify qualifying works in mature oil fields (both land and marine) or enhanced oil recovery (EOR) projects for the purpose of the investment tax credit.

Qualifying works include:-

All approved development activity carried out in

1. Mature marine/land oilfields; and
2. EOR projects

A mature oil field means an oilfield that is twenty five years or older from date of its first commercial production.

1. **LICENCE/SUB-LICENCE/CONTRACT:**

Tick as appropriate and insert the number of the licence or name of the block for a production sharing contract.

 **(**Prepare separate submissions for each licence/sub-licence or contract).

1. **OPERATOR**:

 State the name of the company operating the oil field.

1. **OTHER PARTIES:**

 State the name/s of the joint partners and the percentage ownership.

 **(*No separate application is required from joint partners)***

1. **QUARTER ENDING**:

State the calendar quarter being reported – e.g. 31st March, 30th June, etc.

1. **MARINE/LAND:**

Check appropriate box, marine or land and report information appropriately.

 Prepare separate submission for marine or land.

1. **FIELD NAME:**

 State the name of the field being reported.

1. **DATE OF FIRST COMMERCIAL PRODUCTION:**

Date of first commercial disposal of crude oil from this field (regardless of ownership of licence or contract at that date).

1. **WELL NAME:**

 Well name format for wells already drilled: **field code–platform code-number.**

 The well name nomenclature is generated using the following rule:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field Code | Dash | Platform Code | Dash | MEEI’s Well Number(Prefix + Number + Hole Types)  |
| A | N | G |  | - | C | E | B |  | - | A | N | 1 | 1 | S | T | 1 |  |  |  |

1. **COMPLETED HORIZON:**

 State the horizon, sand or reservoir in which the well was completed.

 ***NB: For work in progress or for job suspended use the proposed objective.***

1. **PROGRAMME NUMBER:**

The programme number will be identified by a seven digit number. The first three digits will be the sequential number assigned by the operator to each drilling or NRT activity during January to December of each year. The next four digits will be the year in which the programme was submitted, e.g. 0012011.

1. **NRT- NEW HORIZON**:

State the horizon, sand or reservoir in which the well is now completed.

 ***NB: For work in progress or for job suspended use the proposed objective.***

1. **DEVELOPMENT DRILLING LOCATION:**

State the location of the co-ordinates north and east of the base point.

1. **PROJECTION TYPE:**

 Type of coordinates e.g. Trinidad Cassini in links, UTM 21 WGS84 feet

1. **EOR PROJECT NAME:**

Enter the project name and code (if applicable).

1. **EOR PROJECT TYPE:**

State type of EOR project, whether it is steam injection, co2 etc.

1. **EOR RESERVOIR**:

State the name or number of the oil reservoir with which this project isconcerned.

1. **OTHER** **FIELD DEVELOPMENT ACTIVITY:**

Any other activities concerned with field development e.g. pipe line infrastructure.

 (Attach schedule of expenditure with details of activity)

1. **DATE WORK COMMENCED** :

Date work started

1. **DATE WORK COMPLETED:**

Date work completed

1. **JOB STATUS:**

State the status of the activity at the end of the quarter.

 **Development drilling status:** e.g. drilling, suspended, completed oil producer, etc.

 **NRT or EOR status: e.g.** working on, suspended, completed, etc.

1. **COST**:

The total cost for each activity/project in United States dollars ($US).

(Please note where there are joint venture operations the amount of the tax credit to be claimed in the SPT Return will be your shareholding percentage of the tax credit

entitlement).

1. **DAYS WORKED IN QUARTER:**

Specify the total number of days worked on for each activityin the quarter.

1. **DECLARATION**:
	* + **NAME:** The name of the duly authorized officer of the company who verifies the

 report as being true and correct.

* + - **SIGNATURE**: The duly authorized officer of the company whose name is shown in block letters.
		- **TITLE:** The job or position of the duly authorized officer of the company who  **s**igned the form.
1. **DATE:**

 MM/DD/YYYY

 **Submit documents to:**

The Permanent Secretary,

Ministry of Energy and Energy Industries,

Level 26, Tower C - Energy Trinidad and Tobago,

International Waterfront Centre,

1A Wrightson Road,

Port of Spain.