

GAS ASSESSMENT RENDITION

Schedule 2 (Class 2B) (Rev. 12/12)

SHALL BE FILED WITH THE COUNTY APPRAISER BY APRIL 1

County, Kansas

Tax Year

Statement of

Operator ID#

P.O. Address

City

State

Zip

Name of Property

County ID#

KDOR ID#(s)

Well API#(s)

Section I-Location of Property (required)		Section VII-Abstract Value (for county use only)			
Description		Appraised	Assessed	Penalty	Total
	Total Working Interest (Sec. VI. Line 10)				
Lot Sec.	Adn. Twp.	Royalty & ORRI Interest (Sec. VI. Line 1)		XXXXXXXXXX	
Blk Rng.	Twp. City	Itemized Equipment (Sec. VI. Line 9)			
Tax Unit	School Dist	Total			

Section II-Well Data (required)							
Producing Well: Pump	Flow	Non-Producing Well: Shut-In	SWD	TA	Bbls Water per Day	Ave Prod Depth	SWD Depth
Producing Field Name		BTU Content	Spud Date: Mo/Yr(new prod)		Comp Date: Mo/Yr(new prod)		Total WI Decimal
<input type="checkbox"/> Infill <input type="checkbox"/> Commingled <input type="checkbox"/> CBM <input type="checkbox"/> Horizontal		Total Depth Horizontal		Lease Name/Number Tie (See Notation/Pg 2)		Total RI&ORRI Dec	
Water Disposal: Hauler/System/Well Name <input type="checkbox"/> SWD System				Prior Yr Gross Weighted Ave \$/Mcf (Adjusted for BTU Content)			
Address				Phone			
Gatherer Name				Effective Jan 1 Net Price \$/Mcf (Prior Yr Net Weighted Ave Price \$/Mcf)			
Address				Phone			
				Effective Jan 1 Net Price \$/Mcf to Royalty Owner			

Section IV-Production Data (required)			Notation	
Year	Cond(Bbls)	Gas(Mcf)	Decline Rate:	%
2008	Annual Production			
2009	Annual Production			
2010	Annual Production			
2011	Annual Production			
2012	Annual Production			
Total Production (5 yr cumulative)				
Annual Production (Prior Yr)				
Condensate (Converted to Mcf)		XXXXXXXXXX		
Total Annual Production (Mcf + condensate conversion)				
Condensate Production Data (conversion calculation)				
_____ X _____ = _____ / _____ = _____				
Prod (Bbls) X Net \$/Bbl Oil = Income / Net \$/Mcf Gas = Total Mcf (cond conv)				

Section V-Gross Reserve Calculation (Total 8/8ths Interest)				Schedule (A)	Owner (B)	Appraiser (C)
1. Annual Production - Mcf (Total Annual Prod Sec IV)						
2. Effective Jan 1 Net Price \$/Mcf (Sec II)		\$	X market adjust factor			
3. Estimated Gross Income Stream (Multiply Line 1 X Line 2)						
4. Present Worth Factor (Based on Decline Rate-Apply Appropriate Table PWF)						
5. Estimated Gross Reserve Value (Total 8/8ths - Multiply Line 3 X Line 4 - Transfer Total to Section VI, Lines 1 & 2)						

Section VI-Gross Reserve Value X Decimal Interest				Schedule (A)	Owner (B)	Appraiser (C)
1. Royalty & Overriding Royalty Interest Valuation (Total Sec V, Line 5 X Total RI & ORRI Interest)				X		
2. Working Interest Valuation (Total Sec V, Line 5 X Total WI Interest)				X	X	(Tbl B Water Cr Adj)
3. Deduct Operating Cost Allowance for Producing Well (Allowance per Tbl)						
4a. Deduct Wellhead Compression (Annual Compression Expense)				X		(Expense Factor-Tbl)
4b. Deduct Water Expense Allowance (Tbl A Annual Exp; Tbl B Annual Exp if Actual)				X		(Expense Factor-Tbl)
4c. Deduct Water Expense Allowance Table C per SWD Well (Deduct SWD Expense for each Prod Well if SWD System)						
5. Working Interest Subtotal (Sec VI, Line 2 minus Lines 3, 4a, 4b & 4c)						
6. Working Interest Minimum Lease Value (Sec VI, Line 2)				X	10%	
7. Copy Value from Sec VI, Line 5 or Line 6 (Whichever Line is Greater)						
8a. Add Prescribed Equipment Value for Producing Well (Flowing \$/Well)						(Pumping \$/Well)
8b. Add Prescribed Equipment Value for Non-Producing Well (Shut-In, TA, SWD-Add SWD Equip Value for each Prod Well if SWD System)						
8c. Add Pres Equip Value for Additional Equipment (Compressors, Gathering Lines, etc...)				X		(Equip Fact-Tbl)
9. Add Itemized Equipment (Section III - Attached Schedule)						
10. Working Interest Total Market Value (Add Sec VI, Lines 7, 8a, 8b, 8c, & 9)						
11. Working Interest Total Assessed Value (Multiply Sec VI, Line 10 X 30%, Unless Lease Qualifies for 25% Rate)						

Current Division Order with Name, Address, Interest of Royalty Owners, and Well/Lease Identifier is a Required Attachment to Rendition

Certification: I do hereby certify that this schedule contains a full and true list of all personal property owned or held by me subject to personal property taxation under the laws of the State of Kansas pursuant to K.S.A. 79-329 through 79-333.

Owner _____ Date _____ Tax Rendition Preparer _____ Date _____

Rendition Information: Contact Phone () - Contact Email @

Lease Code _____ County Code _____ Lease Name _____

