

# GAS ASSESSMENT RENDITION

Schedule 2 (Class 2B) (Rev. 12/21)

SHALL BE FILED WITH THE COUNTY APPRAISER BY APRIL 1

County, Kansas

Tax Year 2022

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) |          |         |       |
|---|--|--|----------|---------|-------|
| Lease Description                         |  | Appraised  | Assessed | Penalty | Total |
| <small>(Well location pg 2)</small>       |  | Total Working Interest (Sec. VI. Line 10)        |          |         |       |
| Lot Sec. _____ Adn. Twp. _____            |  | Royalty & ORRI Interest (Sec. VI. Line 1)        |          |         |       |
| 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 Depth _____ SWD Depth _____ |
| Producing Field Name _____                       |                                   | BTU Content _____  | Spud Date: Mo/Yr(new prod) _____   | Comp Date: Mo/Yr(new prod) _____  | Total WI _____                  |
| ( ) Infill ( ) Commingled ( ) CBM ( ) Horizontal |                                   | Total Depth Horizontal _____   |  | Lease Name/Number Tie <small>(List All Wells KDOR#s &amp; )</small> _____ | Total RI _____                  |
| Water Disposal: Hauler/System/Well Name _____    |                                   | ( ) SWD System _____   | Prior Yr Gross Weighted Ave \$/Mcf <small>(Adjusted for BTU Content)</small> _____ |   |                                 |
| Address _____ Phone _____                        |                                   | Less Allowable Deductions \$/Mcf <small>(Gathering, Transportation, etc...)</small> _____      |  |   |                                 |
| Gatherer Name _____                              |                                   | Effective Jan 1 Net Price \$/Mcf <small>(Prior Yr Net Weighted Ave Price \$/Mcf)</small> _____ |  |   |                                 |
| Address _____ Phone _____                        |                                   | Effective Jan 1 Net Price \$/Mcf to Royalty Owner _____  |  |   |                                 |

| Section IV-Production Data (required)  |                   |          | Notation      |  |
|--|-------------------|----------|---------------|--|
| Year   | Cond(Bbls)        | Gas(Mcf) | Decline Rate: |  |
| 2017   | Annual Production |          |               |  |
| 2018   | Annual Production |          |               |  |
| 2019   | Annual Production |          |               |  |
| 2020   | Annual Production |          |               |  |
| 2021   | 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 _____ adj inc/dec _____                      |  |  |  |              |           |               |
| 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 Value (Total Sec V, Line 5 X Total RI & ORRI Int) _____ X _____        |  |  |  |              |           |               |
| 2. Working Interest Value (Total Sec V, Line 5 X Total WI Int) _____ X _____ Tbl B Water Credit Adj _____       |  |  |  |              |           |               |
| 3. Deduct Operating Cost Allow for Producing Well   |  |  |  |              |           |               |
| 4a. Deduct Wellhead Compression (Annual Compression Expense) _____ X _____ (Expense Factor-Tbl)                 |  |  |  |              |           |               |
| 4b. Deduct Water Expense Allowance (Tbl A Yr Exp; Tbl B Yr Exp if Actual) _____ X _____ (Expense Factor-Tbl)    |  |  |  |              |           |               |
| 4c. Deduct Water Exp Allow Tbl C per SWD Well (SWD Exp per 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 _____ (% Min Lease Value)                      |  |  |  |              |           |               |
| 7. Copy Value from Sec VI, Line 5 or Line 6 (Whichever Line is Greater)   |  |  |  |              |           |               |
| 8a. Add Prescribed Equip Value for Producing Well _____ Flow _____ Pump _____                                   |  |  |  |              |           |               |
| 8b. Add Prescribed Equip Value for Non-Prod Well (SI, TA, SWD)  |  |  |  |              |           |               |
| 8c. Add Pres Equip Value for Add Equip (Compressors, Gthrg 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 \_\_\_\_\_

**GAS ASSESSMENT RENDITION ADDITIONS PAGE**

MUST BE ATTACHED TO GAS ASSESSMENT RENDITION

Schedule 2 (Class 2B) (Rev. 12/21)

County, Kansas

Tax Year 2022

Statement of

Operator ID#

Name of Property

County ID#

KDOR ID#(s)

Well API#(s)

**Section I-IV Additional Data (required)**

| Well Names on Lease | Location | Well Type | KDOR ID# | Well API#                                    | Well Production |            |           |
|---------------------|----------|-----------|----------|--|-----------------|------------|-----------|
|                     |          |           |          |  | Bbls            | Mcf        |           |
|                     |          |           |          |  |                 |            |           |
|                     |          |           |          |  |                 |            |           |
|                     |          |           |          |  |                 |            |           |
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|                     |          |           |          |  |                 |            |           |
|                     |          |           |          |  |                 |            |           |
|                     |          |           |          |  |                 |            |           |
|                     |          |           |          |  |                 |            |           |
| Notation            |          |           |          | <b>Total Lease Production</b>                |                 |            |           |
|                     |          |           |          | (includes all wells on lease-pg 1 rendition) |                 | Total Bbls | Total Mcf |

**Section III Itemized Equipment (required)**

| Property Name/Model | Property Description | Location | Condition          | Year | Series | Mast (ft)  | Capacity (lbs) | Guide Value |
|---------------------|----------------------|----------|--------------------|------|--------|--|----------------|-------------|
|                     |                      |          | (New/Used/Salvage) |      |        |  |                |             |
|                     |                      |          |                    |      |        |  |                |             |
|                     |                      |          |                    |      |        |  |                |             |
|                     |                      |          |                    |      |        |  |                |             |
|                     |                      |          |                    |      |        |  |                |             |
|                     |                      |          |                    |      |        |  |                |             |
|                     |                      |          |                    |      |        |  |                |             |
|                     |                      |          |                    |      |        |  |                |             |
|                     |                      |          |                    |      |        |  |                |             |
|                     |                      |          |                    |      |        |  |                |             |
|                     |                      |          |                    |      |        |  |                |             |
|                     |                      |          |                    |      |        |  |                |             |
|                     |                      |          |                    |      |        |  |                |             |
|                     |                      |          |                    |      |        |  |                |             |
|                     |                      |          |                    |      |        |  |                |             |
|                     |                      |          |                    |      |        |  |                |             |
|                     |                      |          |                    |      |        |  |                |             |
|                     |                      |          |                    |      |        |  |                |             |
| Notation            |                      |          |                    |      |        | <b>Total Item Equip Value</b>                        |                |             |
|                     |                      |          |                    |      |        | (Copy Total Value to Gas Assess Rend Line 9, Sec VI) |                |             |

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.

This page must be attached to the gas assessment rendition, which must be dated and signed by owner and tax rendition preparer to be valid.

Lease Code \_\_\_\_\_

County Code \_\_\_\_\_

Lease Name \_\_\_\_\_