GAS ASSESSMENT RENDITION ADDITIONS PAGE

MUST BE ATTACHED TO GAS ASSESSMENT RENDITION

Schedule 2, Pg 2 (Class 2B) (Rev. 12/11)

_____ County, Kansas Tax Year _____

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
			Total Lease Production			
Notation			(includes all wells on lease-pg 1 rendition)		Total Bbls	Total Mcf

Section III Itemized Equipment (required)

Property Name/Model	Property Description	Location	Condition (New/Used/Salvage)	Year	Series	Mast (ft)	Capacity (lbs)	Guide Value
					Total Item Equip Value			
Notation					(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 _____