OIL ASSESSMENT RENDITION

Schedule 2 (Class 2B) (Rev. 11/07)

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 9)				
Lot Sec.		Adn. Twp.	Royalty & ORRI Interest (Sec. VI. Line 1)			XXXXXXXXX	
Blk Rng.		Twp. City	Itemized Equipment (Sec. VI. Line 8)				
Tax Unit		School Dist	Total				

Section II-Lease Data (required)

Producing Wells: Oil Submersible Gas Non-Producing Wells: Shut-In SWD TA INJ WS Total # Wells on Lease

Secondary Recovery( ) KCC Permit # Water Disposal: Hauler/System/Well Name Total # Tank Batteries on Lease

Spud Date: Mo/Yr(new prod) Ave Depth Total WI Decimal Producing Formation

Comp Date: Mo/Yr(new prod) SWD/INJ/WS Depth Total RI Decimal Oil Purchaser Name

Oil Gravity Water Production (%) Bbls Water Per Day Purch Address Purch Phone

Section IV-Production Data (required)

Month	2007 Oil (Bbls)	2007 Casinghead Gas (Mcf)	2006 Oil (Bbls)
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Annual Production			
Casinghead Gas (Converted to Bbls)		XXXXXX	XXXXXXXXX
Total Annual Production (Bbls + gas conv)		XXXXXX	XXXXXXXXX
Annual Decline (Bbls)		XXXXXX	XXXXXXXXX
Decline Rate (%)		XXXXXX	XXXXXXXXX

Notation

Lease Receives Eastern KS Posted Price Yes No

Severance Tax Exempt # Property Tax Exempt #

Casinghead Gas Production Data (conversion calculation)

_____ X _____ = _____ / _____ = _____

Prod (Mcf) X Net $/Mcf Gas = Income / Net $/Bbl Oil = Total Bbl (Transfer to Sec IV, Casing Gas Conv)

Gatherer Name

Address Phone

Section V-Gross Reserve Calculation (Total 8/8ths Interest)

Schedule (A)	X	=	X	=				
Owner (B)	X	=	X	=				
Appraiser (C)	X	=	X	=				
	1. Annual Production (Bbls) (Total Annual Prod, Sec IV)	2. Effect Jan 1 Net Price $/Bbl (See Crude Oil Price Schedule)	3. Est Gross Income Stream (Multiply Line 1 X Line 2)	4. Present Worth Factor (Based on Decline Rate-See Tbl)	5. Est Gross Reserve Value (Total 8/8ths-Transfer Total to Sec 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				
3a. Deduct Operating Cost Allowance for Producing Wells (Allowance per Well)	X	(Number Wells)			
3b. Deduct Operating Cost Allowance for Injection Wells (Allowance per Well)	X	(Number Wells)			
3c. Deduct Operating Cost for Submersible Wells (Annual Submersible Expense)	X	(Expense Factor-Tbl)			
4. Working Interest Subtotal (Sec VI, Line 2 minus Lines 3a, 3b & 3c)					
5. Working Interest Minimum Lease Value (Sec VI, Line 2)	X	(2%, 5%, 10%)			
6. Copy Value from Sec VI, Line 4 or Line 5 (Whichever Line is Greater)					
7a. Add Prescribed Equipment Value for Producing Wells (Allowance per Well)	X	(Number Wells)			
7b. Add Prescribed Equipment Value for Multiple Producing Wells (Allowance per Well)	X	(Number Wells)			
7c. Add Prescribed Equipment Value for Non-Producing Wells (Shut-In, TA,SWD,INJ,WS)	X	(Number Wells)			
7d. Add Prescribed Equipment Value for Submersible Wells (Allowance per Well)	X	(Number Wells)			
7e. Add Pres Equip Value for Additional Equipment	X	(Equip Fact-Tbl)			
8. Add Itemized Equipment (Section III - Attached Schedule)					
9. Working Interest Total Market Value (Add Sec VI, Lines 6, 7a, 7b, 7c, 7d, 7e & 8)					
10. Working Interest Total Assessed Value (Multiply Sec VI, Line 9 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**

Lease Code _____ **County Code** _____ **Lease Name** _____

Prescribed by Kansas Department of Revenue, Division of Property Valuation