GAS ASSESSMENT RENDITION

Schedule 2 (Class 2B) (Rev. 12/06)

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 Interest (Sec. VI. Line 1)			XXXXXXXXX	
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 Decimal

( ) Infill ( ) Vacuum Operation ( ) Coalbed Methane Lease Name/Number Tie (List All Wells KDOR#s & API#s on Lease add pgs) Total RI Decimal

Water Disposal: Hauler/System/Well Name		Prior Yr Gross Weighted Ave $/Mcf (Adjusted for BTU Content)	
Address	Phone	Less Allowable Deductions $/Mcf (Gathering, Transportation, etc…)	
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: %
2002	Annual Production			
2003	Annual Production			
2004	Annual Production			
2005	Annual Production			
2006	Annual Production			
Total Production (5 yr cumulative)				
Annual Production (Prior Yr)				
Condensate (Converted to Mcf)		XXXXXXXXX		
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)			
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 Interest Valuation (Total Sec V, Line 5 X Total RI 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)			
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**

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

Prescribed by Kansas Department of Revenue, Division of Property Valuation