| Schedule 2 (Class 2B) (Rev. 12/17) | County, Kansas Tax Year 2018 | | | | | | | | | |
|--|------------------------------|----------------|--------------------|------------------------|--|---------|--|-----------------|------------------|--------------------|
| Statement of | | Operator ID# | | | | | | | | |
| Name of Property | County ID#KDOR ID#(s) | | | | | | | | Well API#(s) | |
| | | | Section | n I-IV Additi | ional Da | ata (re | equired) | | | |
| | | | | | | | | Well Production | | |
| Well Names on Lease | | Location | | Well Type | KDOR ID# | | Well API# | | Bbls | Mcf |
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| | 4.4• | | | Total Lease Production | | | | | | |
| | otation | | | (inc | (includes all wells on lease-pg 1 rendition) | | | Total Bbls | Total Mcf | |
| | | | | | | | | | | |
| | | | Coation | TTT T40 | F | | | | | |
| Section III Itemized Equipment Property Condition | | | | | | nent (1 | requirea) | | | |
| Property Name/Model | Property | Description | scription Location | | | Year | Series | Mast (ft) | Capacity (lbs) | Guide Value |
| | 11 oper of 2 esemption | | | (| , , , , , , , , , , , , , , , , , , , | | | | | |
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| | | | | | | | 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 att | ached to the | e gas assessme | ent renditio | n, which must | be dated | d and s | igned by owne | r and tax rend | ition preparer t | o be valid. |
| 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 Lease Name | | | | | | | | | | |

GAS ASSESSMENT RENDITION ADDITIONS PAGE

MUST BE ATTACHED TO GAS ASSESSMENT RENDITION