

OIL ASSESSMENT RENDITION

Schedule 2 (Class 2B) (Rev. 1/20)

SHALL BE FILED WITH THE COUNTY APPRAISER BY APRIL 1

County, Kansas

Tax Year 2020

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
(Well location pg 2)		Total Working Interest (Sec. VI. Line 9)			
Lot Sec.	Adn. Twp.	Royalty & ORRI Interest (Sec. VI. Line 1)			
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 Prod Depth	Horizontal ()		Total WI Decimal		Prod Formation		
Comp Date: Mo/Yr (new prod)		SWD/INJ/WS	Horiz Total Depth		Total RI&ORRI Dec		Purchaser Name		
Oil Gravity	Water Prod	BWPD	Purch Address			Purch Phone			

Section IV-Production Data (required)				Notation			
Month	2019		2018				
	Oil (Bbls)	Casinghead Gas (Mcf)	Oil (Bbls)				
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November					Lease Receives Eastern KS Posted Price Yes No		
December					Severance Tax Exempt # Property Tax Exempt #		
Annual Production					Casinghead Gas Production Data (conversion calculation)		
Casinghead Gas (Converted to Bbls)	XXXXXX	XXXXXXXXXX	X	=	/	=	
Total Annual Production (Bbls + gas conv)	XXXXXX	XXXXXXXXXX	Prod (Mcf) X	Net \$/Mcf Gas =	Income /	Net \$/Bbl Oil =	Total Bbl (Transfer to Sec IV, Casing Gas Conv)
Annual Decline (Bbls)	XXXXXX	XXXXXXXXXX	Gatherer Name				
Decline Rate (%)	XXXXXX	XXXXXXXXXX	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)	2. Effect Jan 1 Net Price \$/Bbl		3. Est Gross Income Stream	4. Present Worth Factor	5. Est Gross Reserve Value
(Total Annual Prod, Sec IV)	(See Crude Oil Price Schedule)		(Multiply Line 1 X Line 2)	(Based on Decline Rate-See Tbl)	(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 (Interest)			
2. Working Interest Valuation (Total Sec V, Line 5 X Total WI Interest)	X (Interest)			
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 (Exp Fact-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% Min Lse)			
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)	(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 _____