

GAS ASSESSMENT RENDITION

Schedule 2 (Class 2B) (Rev. 12/21)

SHALL BE FILED WITH THE COUNTY APPRAISER BY APRIL 1

County, Kansas

Tax Year 2021

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 10)			
Lot Sec. _____ Adn. Twp. _____		Royalty & ORRI Interest (Sec. VI. Line 1)		XXXXXXXXXX	
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	Bbbs Water per Day
Producing Field Name		BTU Content	Spud Date: Mo/Yr(new prod)	Comp Date: Mo/Yr(new prod)	Total WI
<input type="checkbox"/> Infill <input type="checkbox"/> Commingled <input type="checkbox"/> CBM <input type="checkbox"/> Horizontal		Total Depth	Horizontal	Lease Name/Number Tie (List All Wells KDOR#s & Total RI	
Water Disposal: Hauler/System/Well Name			<input type="checkbox"/> SWD System	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(Bbbs)	Gas(Mcf)	Decline Rate:	
2016	Annual Production			
2017	Annual Production			
2018	Annual Production			
2019	Annual Production			
2020	Annual Production			
Total Production (5 yr cumulative)				
Annual Production (Prior Yr)				
Condensate (Converted to Mcf)		XXXXXXXXXX		
Total Annual Production (Mcf + condensate conversion)				

Condensate Production Data (conversion calculation)	
X	
Prod (Bbbs) 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)		X market adjust factor	adj inc/dec			
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 & Overriding Royalty Interest Value (Total Sec V, Line 5 X Total RI & ORRI Int)		X				
2. Working Interest Value (Total Sec V, Line 5 X Total WI Int)		X	Tbl B Water Credit Adj			
3. Deduct Operating Cost Allow for Producing Well		X	0			
4a. Deduct Wellhead Compression (Annual Compression Expense)		X	(Expense Factor-Tbl)			
4b. Deduct Water Expense Allowance (Tbl A Yr Exp; Tbl B Yr Exp if Actual)		X	(Expense Factor-Tbl)			
4c. Deduct Water Exp Allow Tbl C per SWD Well (SWD Exp per Prod Well if SWD System)		X				
5. Working Interest Subtotal (Sec VI, Line 2 minus Lines 3, 4a, 4b & 4c)						
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 Equip Value for Producing Well	Flow		Pump			
8b. Add Prescribed Equip Value for Non-Prod Well (SI, TA, SWD)			X			
8c. Add Pres Equip Value for Add Equip (Compressors, Gthrg 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

Rendition Information: Contact Phone () - Contact Email @

Lease Code County Code Lease Name

GAS ASSESSMENT RENDITION ADDITIONS PAGE

MUST BE ATTACHED TO GAS ASSESSMENT RENDITION

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_____ County, Kansas

Tax Year 2021

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

Section III Itemized Equipment (required)

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