

GAS ASSESSMENT RENDITION ADDITIONS PAGE

MUST BE ATTACHED TO GAS ASSESSMENT RENDITION

Schedule 2, Pg 2 (Class 2B) (Rev. 12/18)

_____ County, Kansas

Tax Year 2019

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	
					Bbls	Mcf
Notation				Total Lease Production		
				<small>(includes all wells on lease-pg 1 rendition)</small>		<small>Total Bbls</small>
						<small>Total Mcf</small>

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			
						<small>(Copy Total Value to Gas Assess Rend Line 9, Sec VI)</small>			

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 _____