

GAS ASSESSMENT RENDITION

Schedule 2 (Class 2B) (Rev. 1/25)

SHALL BE FILED WITH THE COUNTY APPRAISER BY APRIL 1

County, Kansas

Tax Year 2025

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)			
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
Producing Field Name		BTU Content		Spud Date: Mo/Yr(new prod)	Comp Date: Mo/Yr(new prod)
() Infill () Commingled () CBM () Horizontal		Total Depth Horizontal		Lease Name/Number Tie (See Notation/Pg 2)	
Water Disposal: Hauler/System/Well Name		() SWD System		Total RI&ORRI Dec	
Address		Phone		Prior Yr Gross Weighted Ave \$/Mcf (Adjusted for BTU Content)	
Gatherer Name		Address		Less Allowable Deductions \$/Mcf (Gathering, Transportation, etc...)	
Address		Phone		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:	%
2020	Annual Production			
2021	Annual Production			
2022	Annual Production			
2023	Annual Production			
2024	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 (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) \$ _____ 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 Valuation (Total Sec V, Line 5 X Total RI & ORRI 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 & 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 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
Rendition Information:	Contact Phone () -	Contact Email @	

Lease Code _____ County Code _____ Lease Name _____