

OIL ASSESSMENT RENDITION

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

SHALL BE FILED WITH THE COUNTY APPRAISER BY APRIL 1

County, Kansas

Tax Year 2022

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
<small>(Well location pg 2)</small>		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	2021		2020		
	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) <small>(Total Annual Prod. Sec IV)</small>	2. Effect Jan 1 Net Price \$/Bbl <small>(See Crude Oil Price Schedule)</small>	3. Est Gross Income Stream <small>(Multiply Line 1 X Line 2)</small>	4. Present Worth Factor <small>(Based on Decline Rate-See Tbl)</small>	5. Est Gross Reserve Value <small>(Total 8/8ths-Transfer Total to Sec VI, Lines 1&2)</small>

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			
3a. Deduct Operating Cost Allowance for Producing Wells (Allowance per Well)	X			
3b. Deduct Operating Cost Allowance for Injection Wells (Allowance per Well)	X			
3c. Deduct Operating Cost for Submersible Wells (Annual Submersible Expense)	X			
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%)		
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			
7b. Add Prescribed Equipment Value for Multiple Producing Wells (Allowance per Well)	X			
7c. Add Prescribed Equipment Value for Non-Producing Wells (Shut-In, TA, SWD, INJ, WS)	X			
7d. Add Prescribed Equipment Value for Submersible Wells (Allowance per Well)	X			
7e. Add Pres Equip Value for Additional Equipment	X			
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)				

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 _____

