OIL ASSESSMENT RENDITION SHALL BE FILED WITH THE COUNTY APPRAISER BY APRIL 1 Schedule 2 (Class 2B) (Rev. 1/24) County, Kansas Tax Year **Operator ID#** Statement of P.O. Address City State Zip County ID# Name of Property 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 Total Working Interest (Sec. VI. Line 9) (Well location pg 2) Lot Sec. Adn. Twp. Royalty & ORRI Interest (Sec. VI. Line 1) XXXXXXXX Blk Rng. Twp. City Itemized Equipment (Sec. VI. Line 8) Tax Unit School Dist Total Section II-Lease Data (required) Producing Wells: INJ Total # Wells on Lease Submersible Gas Non-Producing Wells: Shut-In TΑ 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 BWPD Purch Phone Oil Gravity Water Prod Purch Address Section IV-Production Data (required) Notation 2023 2022 Casinghead Oil (Bbls) Month Gas (Mcf) Oil (Bbls) January February March April May June July August September October Lease Receives Eastern KS Posted Price November No Yes December Severance Tax Exempt # Property Tax Exempt # Annual Production Casinghead Gas Production Data (conversion calculation) Casinghead Gas (Converted to Bbls) XXXXXX xxxxxxxx Total Annual Production (Bbls + gas conv) xxxxxxxx XXXXXX Prod (Mcf) X Total Bbl (Transfer to Sec IV, Casing Gas Conv) Income Annual Decline (Bbls) XXXXXX xxxxxxxx Gatherer Name Decline Rate (%) XXXXXX xxxxxxxx Address Section V-Gross Reserve Calculation (Total 8/8ths Interest) Schedule (A) X Owner (B) X X Appraiser (C) X X

1. Annual Production (Bbls) 2. Effect Jan 1 Net Price \$/Bbl 3. E	Est Gross Inc (Multiply Line		Present Worth Factor (Based on Decline Rate-See Tbl)	5. Est Gross R (Total 8/8ths-Transfer	eserve Value Fotal 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)		(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.

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Owner		Date		Tax Rendition Preparer		Date
Rendition Information:	Contact Phone	()	-	Contact Email	@	
Lease Code		County Code		Lease Name		

Schedule 2 (Class 2B) (Rev. 1/24)							2024			
Statement of Name of Property	Operator ID#									
Name of Property County ID# KDOR ID#(s) Well API#(s)										
Section I-IV Additional Data (required) Well Production										
Well Names on	Lease	Locat	tion	Well Type	KDOR	ID#	Well	API#	Bbls	Mcf
vven rames on	Lease	Local	Location		RDON	ID#	Well API#		Dois	IVICI
		•					al Lease Produ			
	N	otation			(includes all wells on lease-pg 1 rendition)				Total Bbls	Total Mcf
			Section	III Itemized	Fauinm	ont (n	eagired)			
Property			Section	Conditio		ient (1	requireu)			
Name/Model	Property	Description	Location			Year	Series	Mast (ft)	Capacity (lbs)	Guide Value
										·
							Tots	l Item Fauin V	/alue	
Notation					Total Item Equip Value (Copy Total Value to Oil Assess Rend Line 8, Sec VI)					
							(сору	, <u>, , , , , , , , , , , , , , , , , , </u>	2000 2010 0,	Sec 12)
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 oil assessment rendition, which must be dated and signed by owner and tax rendition preparer to be valid.										
Lease Code County Code Lease Name										

OIL ASSESSMENT RENDITION ADDITIONS PAGE

MUST BE ATTACHED TO OIL ASSESSMENT RENDITION