CONFIDENTIAL:

(RS 47:2327) FORMS FILED BY A TAXPAYER SHALL BE USED BY THE ASSESSOR, THE GOVERNING AUTHORITY, AND THE LOUISIANA TAX COMMISSION SOLELY FOR THE PURPOSE OF ADMINISTERING THIS STATUTE

<u>LEGAL CITATION AND INSTRUCTIONS</u>: THIS REPORT SHALL BE FILED WITH THE ASSESSOR OF THE PARISH INDICATED BY APRIL 1ST OR WITHIN 45 DAYS AFTER RECEIPT, WHICHEVER IS LATER, IN ACCORDANCE WITH RS 47:2324.

-USE ATTACHMENTS IF NECESSARY-

LAT 12 PERSONAL PROPERTY REPORT – OIL AND GAS PROPERTY

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|--|----------------|--------------|--------------------------------------|--------------------------|----------|----------------|---------------------|---------------------------------|--|
| RETURN TO: | | | WARD: | | | ASSESSMENT NO. | | | |
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| | | | | NAME/A | DDRI | ESS (Ind | icates any Cha | nges) | |
| | | | NAME/ADDRESS (Indicates any Changes) | | | | | | |
| PARISH | WARD |); | | | | | | | |
| FIELD NAME AND CODE NUMBER | | | | | | | | | |
| LOCATION | | | | | | | | | |
| SECTIONTOWNSHIP RANGE | | | | | | | | | |
| OWNER/PERSON TO CONTACT PHON | | | NE | | | | | | |
| SF | HADED ARE | A FOR AS | SESSOR'S OFFICE U | JSE ONLY | – US | E ATTA | CHMENTS II | F NECESSAR | Υ |
| DESCRIPTI | ON OF ALI | PROPER | TY OWNED IN WA | RD – SUB | MIT | SEPAR | ATE REPOR | Γ FOR EAC | H WARD |
| DESCRIPTION OF WEI SURFACE EQUIPMENT | | | WELL SERIAL NUMBER | LEASE WELL NUMBER | | WELL TYPE | ACTIVE LOWER PER | FAIR MARKET VALUE | ASSESSED VALUE |
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| | | SUM | IMARY OF PROPE | RTY IN W | ARD | AND FI | ELD | | _ |
| PROPERTY | | IARKET | ASSESSED | | PROPERTY | | | MARKET | ASSESSED |
| CLASS | VA | LUE | VALUE | | CLASS | | V | ALUE | VALUE |
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| | | | | | | | | | |
| LAT 12 ATTACHMEN | NT A – COM | IPLETE A S | SEPARATE ATTACH | MENT FO | R EA | CH WEI | LL SERIAL N | UMBER | |
| | | | SIGNATURE A | ND VERIF | ICATI | ION | | | |
| declare under the per rue, correct and comp | lete return. I | f the return | ports that this return h | as been ex han the ta | amine | d by me | and to the best | st of my knov e on all infor | vledge and belief is mation relating to t |
| matters required to the reported in the return of which he has knowled | | | | | | | | | |
| SIGNATURE OF TAXPAYER | | | | | | DAT | Ε | | |
| PRINTED/TYPED NAME O | F TAXPAVER | | | | | | | | |

YEAR

DESCRIPTION OF ALL PROPERTY OWNED IN WARD - SUBMIT SEPARATE REPORT FOR EACH WARD ACTUAL WELL LEASE WELL ACTIVE LOWER DESCRIPTION OF WELLS AND/OR FAIR MARKET ASSESSED SURFACE EQUIP BY LEASE SERIAL WELL. TYPE VALUE AGE* PERF. VALUE NUMBER NUMBER CONSIGNED GOODS, LEASE, LOANED, OR RENTED EQUIPMENT, FURNITURE, ETC. MONTHLY PRESENT DAY FAIR MARKET NAME AND ADDRESS PROPERTY DESCRIPTION AGE RENTAL SELLING PRICE TOTAL FAIR MARKET VALUE ASSESSED VALUE PENALTIES FOR FAILURE TO FILE THIS FORM INCLUDE WAIVER OF RIGHTS NEED ASSISTANCE? AFTER YOU REVIEW THE ENCLOSED TAX FORM AND YOU FEEL YOU NEED ASSISTANCE PLEASE TO APPEAL YOUR ASSESSMENT AND MAY INCLUDE A MONETARY CALL YOUR ASSESSOR LISTED ABOVE AT SIGNATURE AND VERIFICATION "I declare under the penalties for filing false reports (R.S. 14:125; up to 500.00 fine or imprisonment for one year or both, plus additional penalties defined in Act 2330B of the 1989 Regular Section) that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return." "If the return is prepared by someone other than the taxpayer, authorized officer, or partner, this form must be notarized." SIGNATURE OF TAXPAYER DATE SIGNATURE OF PREPARER DATE

* Actual age of surface equipment should be reported separately from well serial number, if known or available.

PRINTED/TYPED NAME OF PREPARER

PRINTED/TYPED NAME OF TAXPAYER

LAT 12 --- ATTACHMENT A

PRODUCTION DATA

WELL SERIAL NUMBER:

| Year/Month | Oil Wells | | Gas Wells | | |
|------------|-----------|---------|-----------|---------------------|--|
| | BBLS. Oil | MCF Gas | MCF Gas | BBLS. Condensate | |
| 2014 | | | | | |
| 2015 | | | | | |
| 2016/01 | | | | | |
| /02 | | | | | |
| /03 | | | | | |
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| /11 | | | | | |
| /12 | | | | | |

THIS LAT 12 – ATTACHMENT "A" MUST BE COMPLETED TO RECEIVE CREDIT FOR FUNCTIONAL AND/OR ECONOMIC OBSOLESENCE OR SHUT-IN STATUS.

| Note: Test data or other evidence from field operations may be used to allocate total lease production on multiple well leases. | | | | | | | |
|---|------------|----|--|--|--|--|--|
| Is casinghead gas sold? | Yes | No | | | | | |
| Is this well shut-in? | <i>Yes</i> | No | | | | | |