

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

LEGAL CITATION AND INSTRUCTIONS: 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 YEAR

| | | | |
|---|--|--------------------------------------|----------------|
| RETURN TO: | | WARD: | ASSESSMENT NO. |
| PARISH | | WARD: | |
| FIELD NAME AND CODE NUMBER | | | |
| LOCATION SECTION ____ TOWNSHIP ____ RANGE ____ | | | |
| OWNER/PERSON TO CONTACT | | PHONE | |
| | | NAME/ADDRESS (Indicates any Changes) | |

SHADED AREA FOR ASSESSOR'S OFFICE USE ONLY – USE ATTACHMENTS IF NECESSARY

DESCRIPTION OF ALL PROPERTY OWNED IN WARD – SUBMIT SEPARATE REPORT FOR EACH WARD

| DESCRIPTION OF WELLS AND/OR SURFACE EQUIPMENT BY LEASE | ACTUAL AGE* | WELL SERIAL NUMBER | LEASE WELL NUMBER | WELL TYPE | ACTIVE LOWER PERF | FAIR MARKET VALUE | ASSESSED VALUE |
|--|-------------|--------------------|-------------------|-----------|-------------------|-------------------|----------------|
| | | | | | | | |

SUMMARY OF PROPERTY IN WARD AND FIELD

| PROPERTY CLASS | FAIR MARKET VALUE | ASSESSED VALUE | <input type="checkbox"/> | PROPERTY CLASS | FAIR MARKET VALUE | ASSESSED VALUE |
|----------------|-------------------|----------------|--------------------------|----------------|-------------------|----------------|
| | | | <input type="checkbox"/> | | | |
| | | | <input type="checkbox"/> | | | |
| | | | <input type="checkbox"/> | | | |
| | | | <input type="checkbox"/> | | | |

LAT 12 ATTACHMENT A – COMPLETE A SEPARATE ATTACHMENT FOR EACH WELL SERIAL NUMBER

SIGNATURE AND VERIFICATION

I declare under the penalties for filing false reports 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 other than the taxpayer, his declaration is base on all information relating to the matters required to the reported in the return of which he has knowledge.

| | | |
|--------------------------------|--|------|
| SIGNATURE OF TAXPAYER | | DATE |
| PRINTED/TYPED NAME OF TAXPAYER | | |

DESCRIPTION OF ALL PROPERTY OWNED IN WARD – SUBMIT SEPARATE REPORT FOR EACH WARD

| DESCRIPTION OF WELLS AND/OR SURFACE EQUIP BY LEASE | ACTUAL AGE* | WELL SERIAL NUMBER | LEASE WELL NUMBER | WELL TYPE | ACTIVE LOWER PERF. | FAIR MARKET VALUE | ASSESSED VALUE |
|--|-------------|--------------------|-------------------|-----------|--------------------|-------------------|----------------|
| | | | | | | | |

CONSIGNED GOODS, LEASE, LOANED, OR RENTED EQUIPMENT, FURNITURE, ETC.

| NAME AND ADDRESS | PROPERTY DESCRIPTION | AGE | MONTHLY RENTAL | PRESENT DAY SELLING PRICE | FAIR MARKET VALUE |
|--------------------------------|----------------------|-----|----------------|---------------------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL FAIR MARKET VALUE | | | | | |
| ASSESSED VALUE | | | | | |

| | | | |
|--|-------------|--|-------------|
| <p>PENALTIES FOR FAILURE TO FILE THIS FORM INCLUDE WAIVER OF RIGHTS TO APPEAL YOUR ASSESSMENT AND MAY INCLUDE A MONETARY PENALTY (RS 47:1992 & 2330)</p> | | <p>NEED ASSISTANCE? AFTER YOU REVIEW THE ENCLOSED TAX FORM AND YOU FEEL YOU NEED ASSISTANCE PLEASE CALL YOUR ASSESSOR LISTED ABOVE AT . THANK YOU</p> | |
| SIGNATURE AND VERIFICATION | | | |
| <p>"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 Session) 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."</p> | | | |
| | | | |
| SIGNATURE OF TAXPAYER | DATE | SIGNATURE OF PREPARER | DATE |
| | | | |
| PRINTED/TYPED NAME OF TAXPAYER | | PRINTED/TYPED NAME OF PREPARER | |

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

LAT 12 --- ATTACHMENT A

PRODUCTION DATA

WELL SERIAL NUMBER:

| Year/Month | Oil Wells | | Gas Wells | |
|------------|-----------|---------|-----------|------------------|
| | BBLS. Oil | MCF Gas | MCF Gas | BBLS. Condensate |
| 2019 | | | | |
| 2020 | | | | |
| 2021/01 | | | | |
| /02 | | | | |
| /03 | | | | |
| /04 | | | | |
| /05 | | | | |
| /06 | | | | |
| /07 | | | | |
| /08 | | | | |
| /09 | | | | |
| /10 | | | | |
| /11 | | | | |
| /12 | | | | |

THIS LAT 12 – ATTACHMENT “A” MUST BE COMPLETED TO RECEIVE CREDIT FOR FUNCTIONAL AND/OR ECONOMIC OBSOLESECE 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? Yes _____ No _____