OIL AND GAS OPERATING EXPENSE DATA FOR 20____

Declaration of costs and other related property information as of 12:01 A.M., January 1, 20____. File a separate report for each property.

(Make necessary corrections to the printed name and mailing address)



٦

Jennifer Perry, Assessor County of Del Norte 981 H Street, Suite 120 Crescent City, CA 95531 Telephone: (707) 464-7200

OFFICIAL REQUIREMENT

A report submitted on this form is required of you by section 441(d) of

April 1, 20						Code. The statement must be completed	
Assessor Office to estimate the value of your property from other incuration in its possession and add a parality of 10 percent as incuration in 2000 essession and add a percent as incuration in 2000 essession and add and and and and and and and an		according to the instructions and filed with the Assessor on or before					
IL BURNAIDE NUMBER () () () () () () () () () () () (
TELEPHONE NUMBER:							
<form>2: DESCRIPTION OF THE PRODERETNY (A aspende report multible filled in and PANIE AND POOL IEED NAME PROVERY EECOVERY PRINARY OTHER. DESCRIBE: ECOVERY PRINARY OTHER. DESCRIBE: TAYRAIE AREA COVERY TAYRAIE AREA COVERY TAYRAIE AREA COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVERY COVER</form>	L			_ requ	uired by Revenue and Tax	ation Code section 463.	
IELD NAME	TELEPHONE NUMBER: ()						
Recovery OTHER. DESCRIBE: PRIMARY OTHER. DESCRIBE: TX RATE AREA 2. ZORE OR WELL NUMBER WELL DATA: ASSESSOR'S USE ONLY 4. NUMBER OF PRODUCING WELLS SASESSOR'S USE ONLY 5. AVERAGE TUBING DEPM, FEET ASSESSOR'S USE ONLY 6. PRODUCTONG SASESSOR'S USE ONLY a. CRUDE OL (BBLS) - a. CRUDE OL (BBLS) - b. WATER (BBLS) - c. GAS (MCC) - FIEL OPERATING EXPENSES: - 7. LABOR, INCLUDING EMENTOYEE BENERTIS - MATER(ABLS MOS SUPPLICS EXPENSEDED FEENS ONM) - 9. WELL MAINTENANCE, GENERAL (PULLING, BALLING, ETC.) - 10. CONTRACT WORK AND RENTALS - 11. INSURANCE - 12. UTILITIES - 13. COMPRESSION SERVICES - 14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING) - 15. DENMORATION (EXCEPT CRUDE OIL HAULING) - 16. ENHANCED RECOVERY COSTS - 16. ENHANCED RECOVERY COSTS - 17. OVERCHASED TEAM -		report m <mark>ust</mark> be fi					
□ PRIMARY □ OTHER. DESCRIBE: > PARCEL NUMBER TAX RATE AREA > ZONE OR WELL NUMBER ASSESSOR'S USE ONLY # NUMBER OF PRODUCING WELKS ASSESSOR'S USE ONLY S. MERAGE TUBINO DEPTIN FREET ASSESSOR'S USE ONLY 6. PRODUCTION	FIELD NAME		LEASEN	IAME AND POOL			
□ PRIMARY □ OTHER. DESCRIBE: > PARCEL NUMBER TAX RATE AREA > ZONE OR WELL NUMBER ASSESSOR'S USE ONLY # NUMBER OF PRODUCING WELKS ASSESSOR'S USE ONLY S. MERAGE TUBINO DEPTIN FREET ASSESSOR'S USE ONLY 6. PRODUCTION	RECOVERY						
S. CONE OR WELL NUMBER ASSESSOR'S USE ONLY 4. NUMBER OF PRODUCING WELLS ASSESSOR'S USE ONLY 5. AVERAGE TUBING DEPTH, FEET - 6. PRODUCTION - a. GRUDE OL (BBLS) - b. WATER (BBLS) - c. GAS (MCF) - 107AL COST (S) 7 LABOR, INCLUDING EMPLOYCE BENEFITS 5 OTAL COST (S) 7 LABOR, INCLUDING EMPLOYCE BENEFITS 5 OTAL COST (S) 7 LABOR, INCLUDING EMPLOYCE BENEFITS 5 OTAL COST (S) 7 LABOR, INCLUDING EMPLOYCE BENEFITS 5 OTAL COST (S) 10 CONTRACT WORK AND RENTALS 11. INSURANCE 12. UTUITIES 13. COMPRESSION SERVICES 13. COMPRESSION SERVICES 13. COMPRESSION SERVICES 14. TRANSPORTATION (EXCEPT CRUDE OLL HAULING) 15. EMPLOYCITS 14. TRANSPORTATION (EXCEPT CRUDE OLL HAULING) 15. EMPLOYCITS 16. TYPE 16. TYPE 17. OVERHEAD							
MELLOAR:ASSESSOF'S USE ONLY4. NUMBER OF PRODUCING WELLS $ $	3. PARCEL NUMBER		TAX RAT	EAREA			
4. NUMBER OF PRODUCING WELLSImage: Second seco	4. ZONE OR WELL NUMBER	-					
4. NUMBER OF PRODUCING WELLSImage: Second seco							
5. AVERAGE TUBING DEPH, FEET Image: Constant of the second s						ASSESSOR'S USE ONLY	
6. PRODUCTION a. CRUDE OIL (BBLS)							
a. CRUDE OIL (BBLS) b. WATER (BBLS) c. GAS (MCP) FIEL OPERATING EXPENSES: FIEL OPERATING EXPENSES FIEL OPERATING AND SUPPLIES (EXPENSED TEMS ONLY) S. WELL MAINTENANCE, GENERAL (PULLING, BAILING, ETC.) S. WATER S. COST TYPE BARRELS/MCF S. COST TYPE BARRELS/MCF S. MARGENAL (PULLING, BAILING, ETC.) S. WATER S. COMMINICAL (PULLING, SET (PULLING, BAILING, ETC.) S. WATER S. COMMINICAL (PULLING, SET (PULLING, BAILING, ETC.) S. WATER S. COMMINICAL (PULLING, SET (PULLING, BAILING, ETC.) S. WATER S. COMMINICAL (PULLING, SET (PULLING, BAILING, ETC.) S. WATER S. COMMINICAL (PULLING, SET (PULLING, BAILING, ETC.) S. WATER S. COMMINICAL (PULLING, SET (PULLI							
b. WATER (BBLS) c. GAS (MCF) FIELD OPERATING EXPENSES: TOTAL COST (\$) FIELD OPERATING EMPLOYEE BENEFITS TOTAL COST (\$) TOTAL COST (\$)	6. PRODUCTION						
c. GAS (MCF)TOTAL COST (s)TOTAL COST (s)INTERLING COSTINTERLING COSTINTE	a. CRUDE OIL (BBLS)						
TOTAL COST (5) 7. LABOR, INCLUDING EMPLOYEE BENEFITS8. MATERIALS AND SUPPLIES (EXPENSED ITEMS ONLY)9. WELL MAINTENANCE, GENERAL (PULLING, BAILING, ETC.)10. CONTRACT WORK AND RENTALS11. INSURANCE12. UTILITIES13. COMPRESSION SERVICES14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING)15. DEHYDRATION AND WASTE WATER DISPOSAL16. ENHANCED RECOVERY COSTS17. PURCHASED18. FUELCOST19. PURCHASED10. LASE PRODUCTS10. COHENCAND REPAIRS10. CHEMICALS10. CONTRACT NORK AND REPAIRS10. CONTRACT NORK AND REPAIRS10. CONTRACT NORK AND WASTE WATER DISPOSAL10. DEHYDRATION AND WASTE WATER DISPOSAL10. ENHANCED RECOVERY COSTS10. ENHANCED RECOVERY COSTS10. FUELI10. PURCHASED10. CONTI11. PURCHASED12. LEASE PRODUCTS13. COMERENCE14. MAINTENANCE AND REPAIRS15. OVERHEAD (DIRECT-FIELD OR DISTRICT)16. ENHANCE AND REPAIRS17. OVERHEAD (DIRECT-FIELD OR DISTRICT)18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET19. TOTAL FIELD OPERATING EXPENSES19. TOTAL FIELD OPERATING EXPENSES19. TOTAL FIELD OPERATING EXPENSES	b. WATER (BBLS)						
7. LABOR, INCLUDING EMPLOYEE BENEFITSImage: constraint of the sector of th	c. GAS (MCF)						
8. MATERIALS AND SUPPLIES (EXPENSED ITEMS ONLY) Image: Supplies (EXPENSED ITEMS ONLY) Image: Supplies (EXPENSED ITEMS ONLY) 9. WELL MAINTENANCE, GENERAL (PULLING, BAILING, ETC.) Image: Supplies (EXPENSED ITEMS ONLY) Image: Supplies (EXPENSED ITEMS ONLY) 10. CONTRACT WORK AND RENTALS Image: Supplies (EXPENSED ITEMS ONLY) Image: Supplies (EXPENSED ITEMS ONLY) 11. INSURANCE Image: Supplies (EXPENSED ITEMS ONLY) Image: Supplies (EXPENSED ITEMS ONLY) 12. UTILITIES Image: Supplies (EXPENSED ITEMS ONLY) Image: Supplies (EXPENSED ITEMS ONLY) 13. COMPRESSION SERVICES Image: Supplies (EXPENSED ITEMS ONLY) Image: Supplies (EXPENSED ITEMS ONLY) 14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING) Image: Supplies (EXPENSE) Image: Supplies (EXPENSE) 14. TRANSPORTATION AND WASTE WATER DISPOSAL Image: Supplies (EXPENSE) Image: Supplies (EXPENSE) 16. ENHANCED RECOVERY COSTS Image: Supplies (EXPENSE) Image: Supplies (EXPENSE) 16. ENTRANCE RECOVERY COSTS Image: Supplies (EXPENSE) Image: Supplies (EXPENSE) 17. PURCHASED RED SUPCE Image: Supplies (EXPENSE) Image: Supplies (EXPENSE) 18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET Image: Supplies (EXPENSE) Image: Supplies (EXPENSE) 19. TOTAL FIELD OPERATING EXPENSES Image: Supplies (EXPENSE)					TOTAL COST (\$)		
9. WELL MAINTENANCE, GENERAL (PULLING, BAILING, ETC.) 10. CONTRACT WORK AND RENTALS 11. INSURANCE 12. UTILITIES 13. COMPRESSION SERVICES 14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING) 14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING) 15. DEHYDRATION AND WASTE WATER DISPOSAL 16. ENHANCED RECOVERY COSTS 16. ENHANCED RECOVERY COSTS 17. PURCHASED 2. LEASE PRODUCTS 3. LEASE PRODUCTS 4. FUEL 5. WATER 5. WATER 5. COHMICALS 6. CHEMICALS 6. CHEMICALS 6. PURCHASED STEAM - OFF SITE SOURCE 17. OVERHEAD (DIRECT-FIELD OR DISTRICT) 18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET 19. TOTAL FIELD OPERATING EXPENSES 19. TOTAL FIELD OPERATING EXPENSES 10. COLEMICALS 10. OTHER EXPLAIN FULLY ON ATTACHED SHEET 19. TOTAL FIELD OPERATING EXPENSES 10. COLEMICALS 10. TOTAL FIELD OPERATING EXPENSES 10. OTHER EXPLAIN FULLY ON ATTACHED SHEET 10. TOTAL FIELD OPERATING EXPENSES 11. OTHER EXPLAIN FULLY ON ATTACHED SHEET 13. TOTAL FIELD OPERATING EXPENSES 13. OTHER EXPLAIN FULLY ON ATTACHED SHEET 14. OTHER EXPLAIN FULLY ON ATTACHED SHEET 15. OTHER EXPLAIN FULLY ON ATTACHED SHEET 15. OTHER EXPLAIN FULLY ON ATTACHED SHEET 16. OTHER EXPLAIN FULLY ON ATTACHED SHEET 17. OTHER EXPLAIN FULLY ON ATTACHED SHEET 19. TOTAL FIELD OPERATING EXPENSES 10. OTHER EXPLAIN FULLY ON ATTACHED SHEET 10. OTHER EXPLAIN FULLY ON ATTACHED SHEET 11. OTHER EXPLAIN FULLY ON ATTACHED SHEET 12. OTHER EXPLAIN FULLY ON ATTACHED SHEET 13. OTHER EXPLAIN FULLY ON ATTACHED SHEET 14. OTHER EXPLAIN FULLY ON ATTACHED SHEET 15. OTHER EXPLAIN FULLY ON ATTACHED SHEET 15. OTHER EXPLAIN FULLY ON ATTACHED SHEET 15. OTHER EXPLAIN FULLY ON ATTACHED SHEET 16. OTHER EXPLAIN FULLY ON ATTACHED SHEET 17. OTHER EXPLAIN FULLY ON ATTACHED SHEET 17. OTHER EXPLAIN FULLY ON ATTACHED SHEET 17. OTHER EXPLAIN FULLY ON ATTACHED SHEET 18. OTHER EXPLAIN FULLY ON ATTACHED SHEET 19. OTHER EXPLAIN FULLY ON ATTACHED SHEET 10. OTHER EXPLAIN							
10. CONTRACT WORK AND RENTALS Image: contract work and rentals 11. INSURANCE Image: contract work and rentals 12. UTILITIES Image: contract work and rentals 13. COMPRESSION SERVICES Image: contract work and work work work and rentals 14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING) Image: contract work and rentals 15. DEHYDRATION AND WASTE WATER DISPOSAL Image: contract work and rentals 16. ENHANCED RECOVERY COSTS Image: contract work and rentals 16. ENHANCED RECOVERY COSTS Image: contract work and rentals 16. ENHANCED RECOVERY COSTS Image: contract work and rentals 17. PURCHASED Image: contract work and rentals 10. LEASE PRODUCTS Image: contract work and rentals 11. PURCHASED Image: contract work and rentals 11. PURCHASED Image: contract work and rentals 11. PURCHASED Image: contract work and rentals 12. LEASE PRODUCTS Image: contract work and rentals 13. COHMICALS Image: contract work and rentals 14. MAINTENANCE AND REPAIRS Image: contract work and repairs 15. OTHER EXPLAIN FULLY ON ATTACHED SHEET Image: contract work and repairs 16. OTHER EXPLAIN FULLY ON ATTACHED SHEET Image: contract work and repai							
11. INSURANCE 12. UTILITIES 13. COMPRESSION SERVICES 14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING) 14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING) 14. TRANSPORTATION NOWASTE WATER DISPOSAL 14. TRANSPORTATION NAND WASTE WATER DISPOSAL 14. TRANSPORTATION AND WASTE WATER DISPOSAL 14. TRANSPORTATION NAND WASTE WATER DISPOSAL 14. TRANSPORTATION AND WASTE WATER DISPOSAL 16. ENHANCED RECOVERY COSTS 16. ENHANCED RECOVERY COSTS 16. ENHANCED RECOVERY COSTS 16. ENHANCE AND REPAIRS 16. ENHANCE AND REPAIRS 16. ENHANCED RECOVERY COSTS \$ 17. OVERHEAD (DIRECT-FIELD OR DISTRICT) 17. OVERHEAD (DIRECT-FIELD OR DISTRICT) 18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET 19. TOTAL FIELD OPERATING EXPENSES 19. TOTAL FIELD OPERATING EXPENSES 19. TOTAL FIELD OPERATING EXPENSES 11. DISTRICT		BAILING, ETC.)					
12. UTILITIES 13. COMPRESSION SERVICES 14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING) 14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING) 14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING) 14. TRANSPORTATION AND WASTE WATER DISPOSJ 14. TRANSPORTATION AND WASTE WATER DISPOSJ 15. DEHYDRATION AND WASTE WATER DISPOSJ 16. ENHANCED RECOVERY COSTS 17. PURCHASED 17. PURCHASED 17. ENHANCED RECOVERY COSTS \$ 17. ENHANCED RECOVERY COSTS \$ 17. OVERHEAD (DIRECT-FIELD OR DISTRICT) 18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET 19. TOTAL FIELD OPERATING EXPENSES 19. TOTAL FIELD OPERATING EXPENSES 11. PURCHASED STEAM - OFF SITE SOURCE 11. PURCHASED STEAM - OFF SITE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOURCE SOUR	10. CONTRACT WORK AND RENTALS						
13. COMPRESSION SERVICES Image: Comparison of the compa	11. INSURANCE						
14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING) Image: constant of the state o	12. UTILITIES						
15. DEHYDRATION AND WASTE WATER DISPOSAL Image: Constant of the second seco	13. COMPRESSION SERVICES						
16. ENHANCED RECOVERY COSTSCOSTTYPEBARRELS/MCFCOSTCOSTTYPEBARRELS/MCFa. FUELCOSTIIIIII1. PURCHASEDIIIIIII2. LEASE PRODUCTSIIIIIIIIb. WATERIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	14. TRANSPORTATION (EXCEPT CRUDE OIL HA	JLING)					
COSTTYPEBARRELS/MCFMarcel S/MCFa. FUELIIIIa. FUELIIII1. PURCHASEDIIII2. LEASE PRODUCTSIIIIb. WATERIIIIIc. CHEMICALSIIIIId. MAINTENANCE AND REPAIRSIIIIIe. PURCHASED STEAM - OFF SITE SOURCEIIIIITOTAL ENHACED RECVERY COSTS \$IIIII17. OVERHEAD (DIRECT-FIELD OR DISTRICT)IIIII18. OTHER. EXPLAIN FULLY ON ATTACHED SHEETIIIII19. TOTAL FIELD OPERATING EXPENSESIIIII	15. DEHYDRATION AND WASTE WATER DISPOS	AL					
a. FUELImage: Constraint of the symbol of the s	16. ENHANCED RECOVERY COSTS						
1. PURCHASEDImage: Construct of the second seco		COST	TYPE	BARRELS/MCF			
2. LEASE PRODUCTSImage: Construct of the system							
b. WATERImage: Constraint of the systemImage: Constr	1. PURCHASED						
c. CHEMICALSImage: Constraint of the sector of	2. LEASE PRODUCTS						
d. MAINTENANCE AND REPAIRSImage: Constraint of the second sec							
e. PURCHASED STEAM - OFF SITE SOURCE Image: Comparison of the state of the stat	c. CHEMICALS						
TOTAL ENHANCED RECOVERY COSTS \$ 17. OVERHEAD (DIRECT-FIELD OR DISTRICT) 18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET 19. TOTAL FIELD OPERATING EXPENSES	d. MAINTENANCE AND REPAIRS						
17. OVERHEAD (DIRECT-FIELD OR DISTRICT) 17. OVERHEAD (DIRECT-FIELD OR DISTRICT) 18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET 19. TOTAL FIELD OPERATING EXPENSES	e. PURCHASED STEAM - OFF SITE SOURCE						
18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET		TOTAL EN	HANCED RE	COVERY COSTS	\$		
19. TOTAL FIELD OPERATING EXPENSES	17. OVERHEAD (DIRECT-FIELD OR DISTRICT)						
	18. OTHER. EXPLAIN FULLY ON ATTACHED SHE	ET					
THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION							

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION





DECLARATION BY ASSESSEE

OWNERSHIP TYP	PE (⊠)	Note: The following declaration must be	completed and signed. If you do not do so,	it may result in penalties.					
Proprietorship		I declare under penalty of perjury under the laws of the State of California that I have examined this property statement,							
Partnership		including accompanying schedules, statements or other attachments, and to the best of my knowledge and believe it							
Corporation		is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed,							
Other		controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20							
SIGNATURE OF A	DATE								
NAME OF ASSES	TITLE								
NAME OF LEGAL	FEDERAL EMPLOYER ID NUMBER								
PREPARER'S NA	ME AND	O ADDRESS (typed or printed)	TELEPHONE NUMBER	TITLE					
		*Acont: Soo page 4 for Dog	Jaratian by Assassa instructions						

Agent: See page 4 for Declaration by Assessee instruction THIS REPORT IS SUBJECT TO AUDIT



INSTRUCTIONS FOR COMPLETING THE OIL AND GAS OPERATING EXPENSE DATA REPORT

Line numbers listed in these instructions refer to identical line numbers printed on the form.

LINE 1. DATE, NAME, MAILING ADDRESS AND PHONE NUMBER

a. At top of form: fill in the year of the lien date for which this expense report is made.

b. NAME OF OPERATOR (PERSON OR CORPORATION)

If the name is preprinted, check the spelling and correct any error. In the case of an individual, enter the last name first, then the first name and middle initial. Partnerships must enter at least two names, showing the last name, first name, and middle initial for each partner. Corporation names should be complete so they will not be confused with fictitious or DBA (Doing Business As) names.

c. DBA OR FICTITIOUS NAME

Enter the DBA name under which you are operating in this county below the name of the sole owner, partnership, or corporation.

d. MAILING ADDRESS

Enter the mailing address of the legal entity shown in line 1b above. This may be either a street address or a post office box number. It may differ from the actual location of the property. Include the city, state, and ZIP code.

e. PHONE NUMBER

Enter the phone number where we may contact you or your authorized representative for information regarding the subject property.

LINE 2. DESCRIPTION OF THE PROPERTY

Report each property or parcel on a separate report form. Fill in field name, lease name and pool. Conform to Division of Oil and Gas classification in regard to name of field, pool, and zone. Check whether recovery is primary or other type. If other, describe method [for example, water-flood, steam injection (cyclic or flood), fire flood, etc.].

LINE 3. PARCEL NUMBER

Fill in the parcel number and tax rate area number, if known.

- LINE 4. Producing wells reported are those wells which actually contribute to normal lease production on a profitable basis.
- LINE 6. Production is to be for the same period as used for the reporting of the expense data on this form.
- LINES 7 Report direct field operating expenses only. Do not report capitalized items or royalty payments
- thru 15. on these lines.
- **LINE 16.** Report costs related to enhanced recovery only on this line. Use line 12 for all utility costs not associated with enhanced recovery operations.
- **LINES 17** Report direct field operating expenses only. Do not report capitalized items or royalty payments on these lines. **thru 19.**
- LINES 20 Report the well number, well type (for example, producing, pumping, injection steam, observation, water source), and 21. date completed, depth and total cost (tangible and intangible) for each well. Report the summation of the costs for each line. Report on these lines all work that required a Division of Oil and Gas permit.
- LINE 22. Report the well number, well type (for example, producing, pumping, injection steam, observation, water source), date abandoned, well depth, total cost, and salvage value for each well abandoned. For the Total Abandonment Cost (Net) entry, report the total cost less any salvage from the wells.
- LINE 23. Report amounts capitalized for surface investment (for example, steam generators, buildings, product handling equipment, and vapor recovery systems).



- LINE 24. Report expenditures for projects not yet completed for intended use differentiating moveable equipment, wells, and fixed plant and facilities. Indicate whether the amounts reported are for new equipment or structures, or maintenance, repair, overhauls, etc.
- LINE 25. Report all other investment expenditures not listed in lines 20 thru 24.

Crude Hauling. Report expenses on line 18 if oil must be hauled. Fully explain on attached sheet.

Do not include depreciation, depletion, amortization, interest, federal and state income taxes, property taxes, royalty payments, and general office overhead.

DECLARATION BY ASSESSEE

The law requires that this expense data statement, regardless of where it is executed, shall be declared to be true under penalty of perjury under the laws of the State of California. The declaration must be signed by the assessee, a duly appointed fiduciary, or a person authorized to sign on behalf of the assessee. In the case of a corporation, the declaration must be signed by an officer or by an employee or agent who has been designated in writing by the board of directors, by name or by title, to sign the declaration on behalf of the corporation. In the case of a partnership, the declaration must be signed by a partner or an authorized employee or agent. In the case of a Limited Liability Company (LLC) the declaration must be signed by an LLC manager, or by a member where there is no manager, or by an employee or agent designated by the LLC manager or by the members to sign on behalf of the LLC.

When signed by an employee or agent, other than a member of the bar, a certified public accountant, a public accountant, an enrolled agent or a duly appointed fiduciary, the assessee's written authorization of the employee or agent to sign the declaration on behalf of the assessee must be filed with the Assessor. The Assessor may at any time require a person who signs an expense data statement and who is required to have written authorization to provide proof of authorization.

An expense data statement that is not signed and executed in accordance with the foregoing instructions is not validly filed. The penalty imposed by section 463 of the Revenue and Taxation Code for failure to file is applicable to unsigned expense data statements.

