

OFFICIAL REQUIREMENT

A report submitted on this form is required of you by section 441(a) of the Revenue and Taxation Code. The statement must be completed according to the instructions and filed with the Assessor on or before April 1, 20\_\_\_\_. Failure to file it on time will compel the Assessor's Office to estimate the value of your property from other information in its possession and add a penalty of 10 percent as required by Code section 463.

This statement is not a public document. The information contained herein will be held secret by the Assessor (Code section 451); it can be disclosed only to the district attorney, grand jury, and other agencies specified in Code section 408. Attached schedules are considered to be part of the statement.

CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.

IF ADDITIONAL DETAIL IS NECESSARY, ATTACH SEPARATE PAGE.

1. NAME AND MAILING ADDRESS \_\_\_\_\_

(Make necessary corrections to printed name and mailing address)

20\_\_\_\_  
DRY GAS PRODUCTION,  
EQUIPMENT, NEW WELL,  
REDRILL AND REWORK  
REPORT



MERCED COUNTY  
MATT H. MAY, ASSESSOR  
2222 M STREET  
MERCED, CA 95340  
TELEPHONE (209) 385-7631  
FAX (209) 725-3956  
www.co.merced.ca.us/assessor

2. DESCRIPTION OF THE PROPERTY

Field name \_\_\_\_\_

Lease name \_\_\_\_\_

Zone name(s) \_\_\_\_\_

3. PARCEL NUMBER

Tax rate area \_\_\_\_\_

4. TELEPHONE NUMBER OF PERSON COMPLETING FORM (\_\_\_\_\_) \_\_\_\_\_

| J. INDIVIDUAL WELL DATA                                                                                              |                |                                                             |                                |                     |                       |                       | J. INDIVIDUAL WELL DATA                                                                                              |                     |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
|----------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------|--------------------------------|---------------------|-----------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------|---------------------|----------------|-------------------------------------------------------------|--------------------------------|---------------------|-----------------------|-----------------------|-------------------------------------|------------|--|----------------------|--|----------------|--|
| Well Number:                                                                                                         |                |                                                             | Zone Name:                     |                     | PRODUCTION            |                       | PRESSURE (see inst.)                                                                                                 |                     | DELIVERABILITY |                                                             | Well Number:                   |                     |                       | Zone Name:            |                                     | PRODUCTION |  | PRESSURE (see inst.) |  | DELIVERABILITY |  |
| 6.                                                                                                                   | Producing Days | Gas (Mcf.)                                                  |                                | Water (Bbls.)       | Casing (Surface Psig) | Tubing (Surface Psig) | 5 - Day Period (Average Daily Mcf.)                                                                                  | 6.                  | Producing Days | Gas (Mcf.)                                                  |                                | Water (Bbls.)       | Casing (Surface Psig) | Tubing (Surface Psig) | 5 - Day Period (Average Daily Mcf.) |            |  |                      |  |                |  |
|                                                                                                                      |                | <input type="checkbox"/> Gross                              | <input type="checkbox"/> Sales |                     |                       |                       |                                                                                                                      |                     |                | <input type="checkbox"/> Gross                              | <input type="checkbox"/> Sales |                     |                       |                       |                                     |            |  |                      |  |                |  |
| 7. Jan.                                                                                                              |                |                                                             |                                |                     |                       |                       |                                                                                                                      | 7. Jan.             |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| Feb.                                                                                                                 |                |                                                             |                                |                     |                       |                       |                                                                                                                      | Feb.                |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| Mar.                                                                                                                 |                |                                                             |                                |                     |                       |                       |                                                                                                                      | Mar.                |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| Apr.                                                                                                                 |                |                                                             |                                |                     |                       |                       |                                                                                                                      | Apr.                |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| May                                                                                                                  |                |                                                             |                                |                     |                       |                       |                                                                                                                      | May                 |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| Jun.                                                                                                                 |                |                                                             |                                |                     |                       |                       |                                                                                                                      | Jun.                |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| Jul.                                                                                                                 |                |                                                             |                                |                     |                       |                       |                                                                                                                      | Jul.                |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| Aug.                                                                                                                 |                |                                                             |                                |                     |                       |                       |                                                                                                                      | Aug.                |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| Sep.                                                                                                                 |                |                                                             |                                |                     |                       |                       |                                                                                                                      | Sep.                |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| Oct.                                                                                                                 |                |                                                             |                                |                     |                       |                       |                                                                                                                      | Oct.                |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| Nov.                                                                                                                 |                |                                                             |                                |                     |                       |                       |                                                                                                                      | Nov.                |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| Dec.                                                                                                                 |                |                                                             |                                |                     |                       |                       |                                                                                                                      | Dec.                |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| 8. TOTALS                                                                                                            |                |                                                             |                                |                     | xxx                   | xxx                   | xxx                                                                                                                  | 8. TOTALS           |                |                                                             |                                |                     | xxx                   | xxx                   | xxx                                 |            |  |                      |  |                |  |
| 9. NATURAL GAS POLICY ACT DESIGNATION                                                                                |                |                                                             |                                |                     |                       |                       | 9. NATURAL GAS POLICY ACT DESIGNATION                                                                                |                     |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| 10. ACTUAL GAS PRICE RECEIVED FOR WELL/LEASE IN DECEMBER (\$/Mcf.)                                                   |                |                                                             |                                |                     |                       |                       | 10. ACTUAL GAS PRICE RECEIVED FOR WELL/LEASE IN DECEMBER (\$/Mcf.)                                                   |                     |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| 11. GAS BTU IN THIS WELL, ZONE IN THIS WELL, OR FOR THIS LEASE                                                       |                |                                                             |                                |                     |                       |                       | 11. GAS BTU IN THIS WELL, ZONE IN THIS WELL, OR FOR THIS LEASE                                                       |                     |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| 12. PROVED RESERVES                                                                                                  |                | <input type="checkbox"/> Well <input type="checkbox"/> Zone |                                | DEVELOPED (MMcf.)   |                       | DATE ESTIMATE MADE:   |                                                                                                                      | 12. PROVED RESERVES |                | <input type="checkbox"/> Well <input type="checkbox"/> Zone |                                | DEVELOPED (MMcf.)   |                       | DATE ESTIMATE MADE:   |                                     |            |  |                      |  |                |  |
|                                                                                                                      |                | <input type="checkbox"/> Lease                              |                                | UNDEVELOPED (MMcf.) |                       |                       |                                                                                                                      |                     |                | <input type="checkbox"/> Lease                              |                                | UNDEVELOPED (MMcf.) |                       |                       |                                     |            |  |                      |  |                |  |
| 13. RESERVE CALCULATION METHOD                                                                                       |                |                                                             |                                |                     |                       |                       | 13. RESERVE CALCULATION METHOD                                                                                       |                     |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| <input type="checkbox"/> Volumetric <input type="checkbox"/> Material Balance <input type="checkbox"/> Decline Curve |                |                                                             |                                |                     |                       |                       | <input type="checkbox"/> Volumetric <input type="checkbox"/> Material Balance <input type="checkbox"/> Decline Curve |                     |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| 14. PRESENT CONTRACT RATE-OF-TAKE                                                                                    |                |                                                             |                                |                     |                       |                       | 14. PRESENT CONTRACT RATE-OF-TAKE                                                                                    |                     |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| % OF RESERVES (Mcf./DAY)                                                                                             |                |                                                             |                                |                     |                       |                       | % OF RESERVES (Mcf./DAY)                                                                                             |                     |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| % OF DELIVERABILITY (Mcf./DAY)                                                                                       |                |                                                             |                                |                     |                       |                       | % OF DELIVERABILITY (Mcf./DAY)                                                                                       |                     |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| 15. OPEN PERFORATED INTERVAL(S)                                                                                      |                |                                                             |                                |                     |                       |                       | 15. OPEN PERFORATED INTERVAL(S)                                                                                      |                     |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| 16. CUMULATIVE PRODUCTION AS OF DEC 31 (see instructions)                                                            |                |                                                             |                                |                     |                       |                       | 16. CUMULATIVE PRODUCTION AS OF DEC 31 (see instructions)                                                            |                     |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| 17. BOTTOM HOLE SHUT-IN PRESSURE                                                                                     |                |                                                             |                                |                     |                       |                       | 17. BOTTOM HOLE SHUT-IN PRESSURE                                                                                     |                     |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| DATE TAKEN                                                                                                           |                |                                                             |                                |                     |                       |                       | DATE TAKEN                                                                                                           |                     |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |
| ASSESSOR'S USE ONLY                                                                                                  |                |                                                             |                                |                     |                       |                       |                                                                                                                      |                     |                |                                                             |                                |                     |                       |                       |                                     |            |  |                      |  |                |  |



18. LEASE SUMMARY

19. GAS USED ON LEASE (Mcf.)

20. LEASE CONDENSATE (Gals.) (\$/Gal.)

21. UTILITY SALES LINE PRESSURE (Psig)

22. ROYALTY RATE ☐ Private % ☐ Government %

23. IF YOU CHECKED "Government" IN LINE 22, DOES THIS PROPERTY QUALIFY FOR A PROPERTY TAX EXEMPTION UNDER REVENUE AND TAXATION CODE SECTION 107.2 OR 107.3? ☐ Yes ☐ No

24. WHO PURCHASES THE GAS PRODUCED ON THIS LEASE?

25. WHAT IS THE CONTRACT EXPIRATION DATE?

26. WHAT IS THE DATE ON WHICH PRICES BECOME RENEGOTIABLE?

| 27. BASIC WELL EQUIPMENT |                    |                 | ASSESSOR'S USE ONLY |
|--------------------------|--------------------|-----------------|---------------------|
|                          |                    | Number of Wells |                     |
| PRODUCING WELLS          | Single Completions |                 |                     |
|                          | Dual Completions   |                 |                     |
|                          | Triple Completions |                 |                     |
| NONPRODUCING WELLS       | With Equipment     |                 |                     |
|                          | No Equipment       |                 |                     |
| DISPOSAL WELLS           |                    |                 |                     |
| TOTALS                   |                    |                 |                     |

| 28. OTHER PRODUCTION EQUIPMENT |        |                  |              |                         | ASSESSOR'S USE ONLY |
|--------------------------------|--------|------------------|--------------|-------------------------|---------------------|
| ITEMS                          | Number | Size/Description | Acquis. Year | Original Cost Installed |                     |
| TANKS, WATER                   |        |                  |              |                         |                     |
| TANKS, STORAGE                 |        |                  |              |                         |                     |
| DEHYDRATORS                    |        |                  |              |                         |                     |
| COMPRESSORS                    |        |                  |              |                         |                     |
| GATHERING LINES                |        |                  |              |                         |                     |
| PIPELINES                      |        |                  |              |                         |                     |
| DISPOSAL EQUIP.                |        |                  |              |                         |                     |
| HEATER                         |        |                  |              |                         |                     |
| OTHER                          |        |                  |              |                         |                     |
| TOTAL                          |        |                  |              |                         |                     |

29. NEW WELL, REDRILL, REWORK REPORT (see instructions regarding data required)

|                                   |             |             |             |             |
|-----------------------------------|-------------|-------------|-------------|-------------|
| WELL NAME AND NUMBER              |             |             |             |             |
| ZONE NAME                         |             |             |             |             |
| PRODUCING INTERVAL (FEET)         |             |             |             |             |
| POROSITY (Ø) (%)                  |             |             |             |             |
| WATER SATURATION (Sw) (%)         |             |             |             |             |
| COMPRESSIBILITY FACTOR (Z)        |             |             |             |             |
| DRAINAGE AREA (A) (ACRES)         |             |             |             |             |
| NET SAND (h) (FEET)               |             |             |             |             |
| SPECIFIC GRAVITY                  |             |             |             |             |
| FORMATION TEMPERATURE (Tf) (oR)   |             |             |             |             |
| INITIAL FORMATION PRESSURE (PSIG) | Bottom Hole | Bottom Hole | Bottom Hole | Bottom Hole |
|                                   | Surface     | Surface     | Surface     | Surface     |
| RECOVERY FACTOR (RF) (%)          |             |             |             |             |
| RESERVOIR MECHANISM               |             |             |             |             |

30. REMARKS (attach additional sheets if needed)

DECLARATION BY ASSESSEE

|                                                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OWNERSHIP TYPE (4)                                       |                          | Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.<br><br>I declare under penalty of perjury under the laws of the State of California that I have examined this production report, and that the foregoing and all information herein, including any accompanying statements or materials, is true, correct, and complete to the best of the taxpayer's knowledge and belief, and includes all production and all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20____. |
| Proprietorship                                           | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Partnership                                              | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Corporation                                              | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Other _____                                              | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*               |                          | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) |                          | TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| NAME OF LEGAL ENTITY (other than DBA) (typed or printed) |                          | FEDERAL EMPLOYER ID NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| PREPARER'S NAME AND ADDRESS (typed or printed)           |                          | TELEPHONE NUMBER<br>(       )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| EMAIL ADDRESS                                            |                          | TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

# INSTRUCTIONS FOR COMPLETING DRY GAS PRODUCTION, EQUIPMENT, NEW WELL, REDRILL, AND REWORK REPORT

This report is not a public document. The information contained herein will be held secret by the Assessor (section 451, Revenue and Taxation Code); it can be disclosed only to the district attorney, grand jury, and other agencies specified in section 408 of the Revenue and Taxation Code. Attached schedules are considered to be part of the report. The Assessor's failure to keep such records confidential could subject him or her to civil damages (Government Code section 1504), and if such failure is determined to be willful, the Assessor may be subjected to other sanctions as provided by law (Government Code sections 3060-3074). Agents of the county hired as consultants are employees of the county and are subject to the same provisions, sanctions and penalties upon failure to keep records confidential.

If this report is prepared prior to January 1, any change in real property between the date as of which the report is prepared and January 1, must be reported to the Assessor on a supplemental report.

Report each lease or parcel on a separate report form. Two wells may be reported on one form provided the wells do not contain more than one zone. For example if wells A and B produce from single zones, well A would be reported on lines 5 through 17 on the left side of the form, and well B would be reported on lines 5 through 17 on the right side of the form. However, if well A produced from two separate and distinct zones, one zone would be reported on the left side of the form, and one zone would be reported on the right.

All personal property owned by the respondent and any property belonging to others on the lease as of January 1 must be reported to the Assessor on BOE 566-D, Oil and Dissolved Gas Production Report. Operating expenses must be reported on BOE 566-K, Annual Oil and Gas Operating Expense Data.

Line numbers listed in these instructions refer to identical line numbers printed on the form. At top of form, fill in the year of lien date for which this report is made.

LINE 1. NAME AND MAILING ADDRESS

- a. NAME (OF OPERATOR). 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.
- b. DBA (FICTITIOUS NAME). Enter the DBA name under which you are operating in this county, if applicable, below the name of the sole owner, partnership, or corporation.
- c. MAILING ADDRESS. Enter the mailing address of the legal entity shown in line 1 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.

LINE 2. DESCRIPTION OF THE PROPERTY. Report each lease or parcel on a separate report form. Fill in field, lease, and zone names, conforming to Division of Oil and Gas classifications.

LINE 3. PARCEL NUMBER. Enter the parcel number and tax rate area number, if known. If there has been a change in lease boundaries, describe the change on a separate sheet of paper and attach to this report.

LINE 4. TELEPHONE NUMBER. Enter the phone number of the person completing this form so that we may contact you if necessary.

LINE 5. Report individual well data by zone, using as many forms as necessary. Conform to Division of Oil and Gas well numbers and zone nomenclature. All data is for the last full calendar year.

LINES 6. Report only nonassociated (dry) gas on this form. Associated (wet) gas is reported on the Oil and Dissolved Gas Production Report.

- a. Producing Days refer to the number of days the well produced during the month.
- b. Gas (MCF) refers to gross production or production sales in thousand cubic feet produced during the month. Check the block indicating whether you are reporting gross gas or gas sold. (Gross gas is total gas produced.)
- c. Report water produced (Bbls.).
- d. Pressures, both casing and tubing, should be shown monthly for producing gas wells. If a well is not on production during the month, shut-in pressures should be shown. All pressures are surface gauge pressures.
- e. Deliverability refers to tests taken on a well during any month of the year either by the producer or by the purchaser. Report the average deliverability over the test period. If test is not over a five day period, explain under line 30, Remarks. If the test is not for an individual well, but for a group of wells, also explain under Remarks. Report only the latest deliverability test taken for the calendar year.

LINE 9. Enter the applicable section of the Natural Gas Policy Act for the well, such as "102."

LINE 10. Enter the last price received during December of the calendar year being reported for gas produced from this well or lease.

LINE 11. Enter the gas BTU for this well, or zone in this well, if reporting by zone.

LINE 12. Enter the proved reserves in millions of cubic feet for this well, zone, or lease (check proper box) as of December 31 of the calendar year reported. Enter according to the classifications of proved developed and proved undeveloped reserves. If the zone or lease boxes are checked, enter the wells included in the reserve estimate on line 30, Remarks. Proved reserves are those reserves which geological and engineering information indicate with reasonable certainty to be recoverable in the future, taking into account reasonably projected physical and economic operating conditions. Present and projected economic conditions shall be determined by reference to all economic factors considered by knowledgeable and informed persons engaged in the operation and buying or selling of such properties, e.g., capitalization rates, product prices and operation expenses.

LINE 13. Check the proper box to show the method used to calculate reserves. If you used some other method to calculate reserves, please explain under Remarks, line 30.

LINE 14. Enter in the respective space, the present contract rate-of-take in MCF/Day depending upon whether the rate is based on a percentage of re-



serves or deliverability. If the contract-rate-of-take is for a group of wells, so indicate under Remarks, line 30.

LINE 15. Enter the currently open perforated intervals in this well.

LINE 16. Enter the cumulative production of gas for this well, for the zone shown, as of December 31 of the calendar year reported. If you do not have accurate cumulative production, so indicate, showing the beginning date of the cumulative production reported. If data is not available by well, report by zone or lease and so indicate under Remarks, line 30.

LINE 17. Enter the last bottom hole shut-in pressure available for this zone in this well.

LINE 18. Lease Summary (heading). Do not report data on this line.

LINE 19. Report gas used on lease as fuel.

LINE 20. Report calendar year lease condensate production in gallons, and price per gallon in December.

LINE 21. Enter the pressure of the sales line into which you feed your produced gas.

LINE 22. Indicate the royalty rate percentages paid, both private and government.

LINE 23. If you checked "Government" on line 22, indicate whether you claim an exemption from property taxes for government royalties under section 107.2 or 107.3 of the Revenue and Taxation Code. Use the Remarks section, line 30, for further clarification, if necessary.

LINE 24. Enter the name of the purchaser of all of the gas sold from this lease.

LINE 25. Enter the expiration date of your gas sales contract.

LINE 26. Enter the date on which prices become renegotiable.

LINE 27. Basic Well Equipment (heading). This section is for reporting numbers of wells by category in the reporting unit (i.e., lease or parcel).

LINE 28. Other Production Equipment (heading). Report all production equipment on the property. Enter categories of equipment or structures not listed under "Other." Use additional pages if necessary. Complete this section in full detail. For compressors show horsepower, design, and current stages.

LINE 29. This section is to be used to report data for new wells, redrilled wells or reworked wells that require a notification on a "Notice of Rework" to the California Division of Oil and Gas. Reworks of interest to the Assessor are those which permanently alter the well or casing. Data furnished in this section should be the same as that used in making a company reserve estimate. Enclose copies of the following data for each new well, redrill or rework completed during the year being reported.

- The well completion summary and any subsequent rework history showing the current physical condition of the well.
- The PG&E or company back-pressure test data form for the current producing zone(s) including an analysis of the gas.
- One 2" = 100' scale IES log and a copy of the sonic, density or any other evaluation log run.
- For directionally drilled wells, a directional survey.

#### DECLARATION BY ASSESSEE

The law requires that this production report, 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 a production report and who is required to have written authorization to provide proof of authorization.

A production report 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 production reports.

The taxpayer may optionally file any other additional information that is germane to the assessment function such as geologic structure maps, estimates of water influx and, for new wells, estimated date of pipeline connection.

