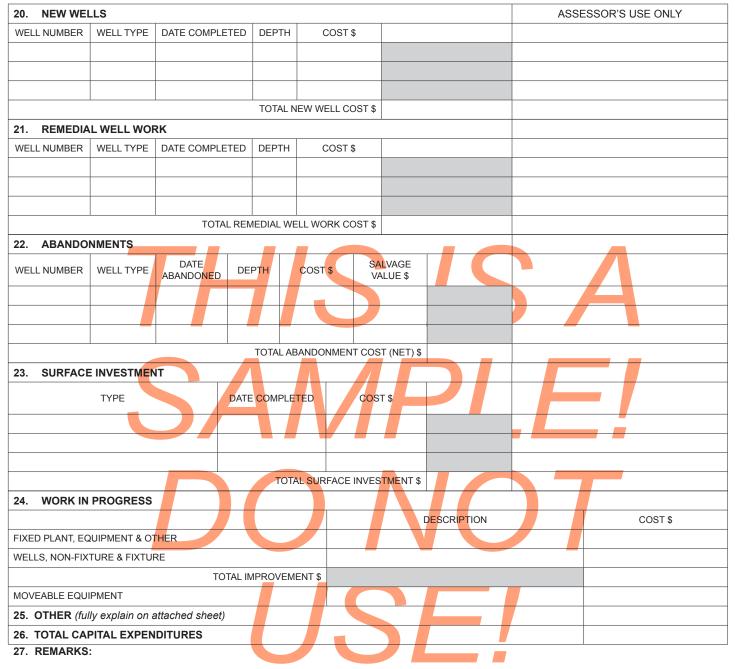
information as of 12:01 A.M., January 1, 20 File a separate report for each property. 1. NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) OFFICIAL REQUIREMENT A report submitted on this form is required of you by section 441(d the Revenue and Taxation Code. The statement must be comple according to the instructions and filed with the Assessor or or bef April 1, 20 Failure to timely file the statement will compet Assessor's Office to estimate the value of your property from ot information in its possession and add a penalty of 10 percent required by Revenue and Taxation Code section 463. 2. DESCRIPTION OF THE PROPERTY (A separate report must be filed for each property) FIELD NAME RECOVERY PRIMARY OTHER. DE\$CRIBE: 3. PARCEL NUMBER	566-K-R09-0515-35000172-1 E-566-K (P1) REV. 09 (05-15) OIL AND GAS OPERATING EXPENSE DATA FOR 20			ENTRACEMENTO COL	Tom J. Slavich San Benito County Assessor 440 Fifth St. Rm. 108 Hollister, CA 95023-3893 Tel: 831-636-4030 Fax: 831-636-4033 www.cosb.us/government/assessor
	Declaration of costs and other related proper information as of 12:01 A.M., January 1, 20 F a separate report for each property.	rty File			
	1 NAME AND MAILING ADDRESS				
A report submitted on this form is required of you by section 44/d the Revenue and Xaudion Code. The satemater must be complex April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Failured with the Assessor on or be April 1, 20_ Fai	(Make necessary corrections to the printed name	e and mailing addi	ress)	_	OFFICIAL REQUIREMENT
2. DESCRIPTION OF THE PROPERTY '& separate report multiple filed for each providing. LERSE NAME AND POOL FIELD NAME PRIMARY	L			ti a A ir	he Revenue and Taxation Code. The statement must be comp according to the instructions and filed with the Assessor on or b April 1, 20 Failure to timely file the statement will compe Assessor's Office to estimate the value of your property from information in its possession and add a penalty of 10 percer
FIELD NAME LEASE NAME AND POOL RECOVERY PRIMARY OTHER, DESCRIBE: AX RATE AREA IAX RATE AREA S. PARCEL NUMBER IAX RATE AREA VELL DATA: ASSESSOR'S USE ONLY 4. NUMER OF PRODUCINS WELLS IAX RATE AREA S. AMERAGE TUBING DEPTH, FEET IAX RATE AREA 5. AMERAGE TUBING DEPTH, FEET IAX RATE AREA 6. ORDUCTION IAX RATE AREA 8. CRUDE OIL (BBLS) IAX RATE RATE, BLS) 0. AGRIDE OF PRODUCING EMPLOYEE BENEFITS IAX RATE RATE, BLS) 1. ARDER RATE, BLS) IAX RATE RATE, BLS, IAX RATE RATE, IXX RATE AREA 1. ORDITATION EXPENSES IAX RATE RATE, BLS, IXX RATE RATE, IXX RATE AREA 1. ORDUCTION IXX RATE RATE, BLS, IXX RATE AREA 1. AND SUPPLIES IEXPENSED TEMS ONLY IAX RATE RATE, BLS, IXX RATE RATE, IXX RATE AREA 1. AND SUPPLIES IEXPENSED TEMS ONLY IAX RATE RATE, IXX	· · · · · · · · · · · · · · · · · · ·	nort my of ho fill	d for ooob r		
	FIELD NAME	port must be file			
J. PARCEL NUMBER TAXINATE AREA 4. ZONE OR WELL NUMBER ASSESSOR'S USE ONLY 4. NUMER OF PRODUCING WELLS ASSESSOR'S USE ONLY 5. AVERAGE TUBING DEPTH, FEET ASSESSOR'S USE ONLY 6. PRODUCTION	RECOVERY				
A. ZONE OR WELL NUMBER 4. ZONE OF WOLL NUMBER 4. MUMBER OF PRODUCING WELLS 5. AVERAGE TUBING DEPTH, FEET USEN USE ONLY 6. AVERAGE TUBING DEPTH, FEET USEN USEN USEN USEN USEN USEN USEN USEN					
MELLOATA:ASSESSOR'S USE ONLY4. NUMBER OF PRODUCISW CELLSASSESSOR'S USE ONLY5. AVERAGE TUBING DEPH, FEET </td <td>3. PARCEL NUMBER</td> <td></td> <td>TAX RAT</td> <td>EAREA</td> <td></td>	3. PARCEL NUMBER		TAX RAT	EAREA	
4. NUMBER OF PRODUCING WELLS 5. AVERAGE TUBING DEPTH, FEET 5. AVERAGE TUBING DEPTH, FEET 5. AVERAGE TUBING DEPTH, FEET 5. AVERAGE TUBING DEPTH, FEET 5. AVERAGE TUBING DEPTH, FEET 6. PRODUCTION a. CRUDE OIL (BBLS) 5. AVERAGE TUBING DEPTH, FEET 5. AVERAGE TUBING DEPTH, FEET 6. ARODE OIL (BBLS) 5. AVERAGE MEDIA 5. AVERAGE TUBING DEPTH SUMMERS 5. AVERAGE A	4. ZONE OR WELL NUMBER				
4. NUMBER OF PRODUCING WELLS 5. AVERAGE TUBING DEPTH, FEET 5. AVERAGE TUBING DEPTH, FEET 5. AVERAGE TUBING DEPTH, FEET 5. AVERAGE TUBING DEPTH, FEET 5. AVERAGE TUBING DEPTH, FEET 6. PRODUCTION a. CRUDE OIL (BBLS) 5. AVERAGE TUBING DEPTH, FEET 5. AVERAGE TUBING DEPTH, FEET 6. ARODE OIL (BBLS) 5. AVERAGE MEDIA 5. AVERAGE TUBING DEPTH SUMMERS 5. AVERAGE A			<u> </u>		
5. AVERAGE TUBING DEPTH, FEET Intermediate of the second sec					ASSESSOR'S USE ONLY
ê. PRODUCTION					
a CRUDE OIL (8BLS) 5000000000000000000000000000000000000					
b WATER (BBLS) c. GAS (MCF) FIEL DOPERATING EXPENSES: TOTAL COST (\$) FIEL DABOR, INCLUDING EMPLOYEE BENEFITS S. MATERIALS AND SUPPLES (EXPENSED ITEMS ONLY) S. WATERIALS AND SUPPLES (EXPENSED ITEMS ONLY) S. WATERIALS AND SUPPLES (EXPENSED ITEMS ONLY) S. WATERIALS, AND SUPPLES (EXPENSED ITEMS ONLY) S. WATERIALS, AND SUPPLES (EXPENSED ITEMS ONLY) S. WATERAT WORK AND RENTALS S. WATERATION (EXCEPT CRUDE ONLY) S. COMPRESSION SERVICES S. COMPRESSION SERVICES					
c GAS (MCF)TOTAL COST (s)FIELD OPERATING EXPENSES:TOTAL COST (s)7. LABOR, INCLUDING EMPLOYEE BENEFITS $\$ $\$ $\$ 8. MATERIALS AND SUPPLIES (EXPENSED ITEMS ONLY) $\$ $\$ $\$ $\$ 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) $\$ $\$ $\$ $\$ 15. DEHYDRATION NAD WASTE WATER DISPOSAL $\$ $\$ $\$ $\$ 16. ENHANCED RECOVERY COSTS $\$ $\$ $\$ $\$ \circ $\$ $\$ $\$ $\$ $\$ $\$ 16. I. PURCHASED $\$ $\$ $\$ $\$ $\$ 16. NATER $\$ $\$ $\$ $\$ $\$ $\$ 17. OVERHEAD (DIRECT-FIELD OR DISTRICT) $\$ $\$ $\$ $\$ $\$ 18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET $\$ $\$ $\$ $\$ $\$ 18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET $\$ $\$ $\$ $\$ 19. OVERHEAD (DIRECT-FIELD OR DISTRICT) $\$ $\$ $\$ $\$ $\$ 19. OVERHEAD (DIRECT-FIELD OR DISTRICT) $\$ $\$ $\$ $\$ $\$ 19. OVERHEAD (DIRECT-F					
Total cost (s)7. LABOR, INCLUDING EMPLOYEE BENEFITS///////////////////////////////					
7. LABOR, INCLUDING EMPLOYEE BENEFITS 8. MATERIALS AND SUPPLIES (EXPENSED ITEMS ONLY) 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) 15. DEHYDRATION AND WASTE WATER DISPOSAL 16. ENHANCED RECOVERY COSTS 16. ENHANCED RECOVERY COSTS 1. PURCHASED 2. LEASE PRODUCTS 3. COMMINERAND REPAIRS 4. MAINTENANCE AND REPAIRS 6. CHEMICALS 7. UPURCHASED TEAM OFF SITE SOURCE 8. PURCHASED TEAM OFF SITE SOURCE 9. WATER 9. UPURCHASED STEAM - OFF SITE SOURCE 10. OVERHEAD (DIRECT-FIELD OR DISTRICT) 11. OVERHEAD (DIRECT-FIELD OR DISTRICT) 13. OTHER. EXPLAIN FULLY ON ATTACHED SHEET					
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 (PULLING, BAILING, ETC.) Image: Supplies (PULLING, BAILING, ETC.) 10. CONTRACT WORK AND RENTALS Image: Supplies (PULLING, BAILING, ETC.) Image: Supplies (PULLING, BAILING, ETC.) 11. INSURANCE Image: Supplies (PULLING, BAILING, ETC.) Image: Supplies (PULLING, BAILING, ETC.) 12. UTILITIES Image: Supplies (PULLING, BAILING, ETC.) Image: Supplies (PULLING, BAILING, ETC.) 13. COMPRESSION SERVICES Image: Supplies (PULLING, BAILING, ETC.) Image: Supplies (PULLING, BAILING, ETC.) 14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING) Image: Supplies (PULLING, BAILING, ETC.) Image: Supplies (PULLING, BAILING, ETC.) 15. DEHYDRATION AND WASTE WATER DISPOSAL Image: Supplies (PULLING, BAILING, ETC.) Image: Supplies (PULLING, BAILING, ETC.) 16. ENHANCED RECOVERY COSTS Image: Supplies (PULLING, BAILING, ETC.) Image: Supplies (PULLING, BAILING, ETC.) 17. OVERHEAD (DIRECT-FIELD OR DISTRICT) Image: Supplies (PULLING, BAILING, ETC.) Image: Supplies (PULLING, BAILING, ETC.) 18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET Image: Supplies (PULLING, BAILING, ETC.) Image: Supplies (PULLING, BAILING, ETC.) >					TOTAL COST (\$)
9. WELL MAINTENANCE, GENERAL (PULLING, BAILING, ETC.) Image: Contract work and rentals 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 waste water of the point with the point work and waste water of the point waste water of the point work and the poi	· · · · · · · · · · · · · · · · · · ·				
10. CONTRACT WORK AND RENTALS Image: State					
11. INSURANCE12. UTILITIES113. COMPRESSION SERVICES114. TRANSPORTATION (EXCEPT CRUDE OIL HAULING)115. DEHYDRATION AND WASTE WATER DISPOSAL116. ENHANCED RECOVERY COSTS116. ENHANCED RECOVERY COSTS117. PURCHASED110. EVEL110. PURCHASED111. PURCHASED112. LEASE PRODUCTS113. CHER114. MAINTENANCE AND REPAIRS115. PURCHASED STEAM - OFF SITE SOURCE117. OVERHEAD (DIRECT-FIELD OR DISTRICT)18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET11. PURCHASED STEAM - OFF SHE SOURCE11. PURCHASED STEAM - OFF SHE SOURCE11. OTHER. EXPLAIN FULLY ON ATTACHED SHEET13. OTHER. EXPLAIN FULLY ON ATTACHED SHEET14. OTHER. EXPLAIN FULLY ON ATTACHED SHEET15. OTHER. EXPLAIN FULLY ON ATTACHED SHEET	9. WELL MAINTENANCE, GENERAL (PULLING, BA	AILING, ETC.)			
12. UTILITIES Image: constraint of the	10. CONTRACT WORK AND RENTALS		_		
13. COMPRESSION SERVICES 14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING) 16. 14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING) 15. DEHYDRATION AND WASTE WATER DISPOSAL 16. 15. DEHYDRATION AND WASTE WATER DISPOSAL 16. 16. 16. ENHANCED RECOVERY COSTS 17. 17. PURCHASED 17. 16. FUEL 10. 17. 16. 17. PURCHASED 10. 16. 16. 18. WATER 10. 16. 16. 19. WATER 10. 16. 16. 10. MAINTENANCE AND REPAIRS 16. 16. 16. 19. WATER 10. 16. 16. 16. 10. MAINTENANCE AND REPAIRS 16. 16. 16. 16. 19. VURCHASED STEAM - OFF SITE SOURCE 10. 16. 16. 16. 10. TOTAL ENHANCED RECVERY COSTS \$ 17. 17. 18. 17. 18. 17. 18. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	11. INSURANCE				
14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING) 15. DEHYDRATION AND WASTE WATER DISPOSAL 16. ENHANCED RECOVERY COSTS 16. ENHANCED RECOVERY COSTS COST TYPE BARRELS/MCF a. FUEL COST TYPE BARRELS/MCF a. FUEL Image: COST Image: COST TYPE 1. PURCHASED Image: COST Image: COST Image: COST 2. LEASE PRODUCTS Image: COST Image: COST Image: COST b. WATER Image: COST Image: COST Image: COST c. CHEMICALS Image: COST Image: COST Image: COST d. MAINTENANCE AND REPAIRS Image: COST Image: COST Image: COST e. PURCHASED STEAM - OFF SITE SOURCE Image: COST Image: COST Image: COST 17. OVERHEAD (DIRECT-FIELD OR DISTRICT) Image: COST Image: COST Image: COST 18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET Image: COST Image: COST Image: COST	12. UTILITIES				
15. DEHYDRATION AND WASTE WATER DISPOSAL Image: mail the system of t	13. COMPRESSION SERVICES				
16. ENHANCED RECOVERY COSTS COST TYPE BARRELS/MCF a. FUEL COST TYPE BARRELS/MCF a. FUEL Image: COST Filler Image: COST 1. PURCHASED Image: COST Image: COST Image: COST 2. LEASE PRODUCTS Image: COST Image: COST Image: COST b. WATER Image: COST Image: COST Image: COST c. CHEMICALS Image: COST Image: COST Image: COST d. MAINTENANCE AND REPAIRS Image: COST Image: COST Image: COST e. PURCHASED STEAM - OFF SITE SOURCE Image: COST Image: COST Image: COST 17. OVERHEAD (DIRECT-FIELD OR DISTRICT) Image: COST Image: COST Image: COST 18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET Image: COST Image: COST Image: COST	14. TRANSPORTATION (EXCEPT CRUDE OIL HAUL	LING)			
COSTTYPEBARRELS/MCFMathematical Constructiona. FUELImage: Construction ConstructionImage: Construction ConstructionImage: Construction Construction1. PURCHASEDImage: Construction ConstructionImage: Construction ConstructionImage: Construction Construction2. LEASE PRODUCTSImage: Construction ConstructionImage: Construction ConstructionImage: Construction Construction2. LEASE PRODUCTSImage: ConstructionImage: ConstructionImage: ConstructionImage: Constructionb. WATERImage: ConstructionImage: ConstructionImage: ConstructionImage: Constructionb. WATERImage: ConstructionImage: ConstructionImage: ConstructionImage: Constructionc. CHEMICALSImage: ConstructionImage: ConstructionImage: ConstructionImage: Constructiond. MAINTENANCE AND REPAIRSImage: ConstructionImage: ConstructionImage: ConstructionImage: Construction17. OVER HEAD (DIRECT-FIELD OR DISTRICT)Image: ConstructionImage: ConstructionImage: ConstructionImage: Construction17. OVER HEAD (DIRECT-FIELD OR ATTACHED SHEETImage: ConstructionImage: ConstructionImage: ConstructionImage: Construction17. OVER HEAD (DIRECT-FIELD OR DISTRICT)Image: ConstructionImage: ConstructionImage: Construction17. OVER HEAD (DIRECT-FIELD OR ATTACHED SHEETImage: ConstructionImage: ConstructionImage: Construction17. OVER HEAD (DIRECT-FIELD OR ATTACHED SHEETImage: ConstructionImage: ConstructionImage: Constructi	15. DEHYDRATION AND WASTE WATER DISPOSA				
a. FUELImage: Construct of the symbol of the sy	16. ENHANCED RECOVERY COSTS				
1. PURCHASEDImage: Constraint of the sector of		COST	TYPE	BARRELS/M	CF
2. LEASE PRODUCTSImage: Constraint of the sector of the secto	a. FUEL				
b. WATERImage: Constraint of the sector of the	1. PURCHASED				
c. CHEMICALSImage: Chemical StreamImage: Chemical StreamImage: Chemical StreamImage: Chemical Streamd. MAINTENANCE AND REPAIRSImage: Chemical StreamImage: Chemical StreamImage: Chemical Streame. PURCHASED STEAM - OFF SITE SOURCEImage: Chemical StreamImage: Chemical StreamImage: Chemical Streame. PURCHASED STEAM - OFF SITE SOURCEImage: Chemical StreamImage: Chemical StreamImage: Chemical Stream17. OVERHEAD (DIRECT-FIELD OR DISTRICT)Image: Chemical StreamImage: Chemical StreamImage: Chemical Stream18. OTHER. EXPLAIN FULLY ON ATTACHED SHEETImage: Chemical StreamImage: Chemical Stream <t< td=""><td>2. LEASE PRODUCTS</td><td></td><td></td><td></td><td></td></t<>	2. LEASE PRODUCTS				
d. MAINTENANCE AND REPAIRS Image: Comparison of the sector of the sect	b. WATER				
e. PURCHASED STEAM - OFF SITE SOURCE Image: Comparison of the sector o	c. CHEMICALS				
TOTAL ENHANCED RECOVERY COSTS \$ 17. OVERHEAD (DIRECT-FIELD OR DISTRICT) 18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET	d. MAINTENANCE AND REPAIRS				
17. OVERHEAD (DIRECT-FIELD OR DISTRICT)	e. PURCHASED STEAM - OFF SITE SOURCE				
18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET		TOTAL ENH	IANCED RE	COVERY COST	-S \$
	17. OVERHEAD (DIRECT-FIELD OR DISTRICT)				
19. TOTAL FIELD OPERATING EXPENSES	18. OTHER. EXPLAIN FULLY ON ATTACHED SHEE	Т			
	19. TOTAL FIELD OPERATING EXPENSES				





DECLARATION BY ASSESSEE

OWNERSHIP TYP Proprietorship	PE (⊠)	Note: The following declaration must be of I declare under penalty of perjury under the laws	completed and signed. If you do not do so, of the State of California that I have examin	· ·					
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	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					
		*Agant: Sag page 4 for Dag	laration 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.

