EF-566-K-R09-0515-40000226-1 BOE-566-K (P1) REV. 09 (05-15)

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.



Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641

Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor

NAME AND MAILING ADDRESS (Make necessary corrections to the printed nam.)	e and mailing add	dress)		OFFICIAL	REQUIREMENT
L TELEPHONE NUMBER: ()		OFFICIAL REQUIREMENT Treport submitted on this form is required of you by section 441(d) of the Revenue and Taxation Code. The statement must be completed according to the instructions and filed with the Assessor on or before spril 1, 20 Failure to timely file the statement 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 equired by Revenue and Taxation Code section 463.			
2. DESCRIPTION OF THE PROPERTY (A separate re	nort must be fi	lad for each r	aronerty)		
FIELD NAME	port must be m		NAME AND POOL		
RECOVERY					
PRIMARY OTHER. DESCRIBE:					
3. PARCEL NUMBER		TAX RAT	EAREA		
4. ZONE OR WELL NUMBER	A				
IMELL DATA	/1	Λ			40050005 UDF 0NIV
WELL DATA: 4. NUMBER OF PRODUCING WELLS			/ 		ASSESSOR'S USE ONLY
5. AVERAGE TUBING DEPTH, FEET					
6. PRODUCTION					
a. CRUDE OIL (BBLS)					
b. WATER (BBLS)					
c. GAS (MCF)					
FIELD OPERATING EXPENSES:				TOTAL COST (\$)	
7. LABOR, INCLUDING EMPLOYEE BENEFITS					
8. MATERIALS AND SUPPLIES (EXPENSED ITEM	S ONLY)				
9. WELL MAINTENANCE, GENERAL (PULLING, BA					
10. CONTRACT WORK AND RENTALS					
11. INSURANCE					
12. UTILITIES		1			
13. COMPRESSION SERVICES					
14. TRANSPORTATION (EXCEPT CRUDE OIL HAUI	LING)			_	
15. DEHYDRATION AND WASTE WATER DISPOSA	L				
16. ENHANCED RECOVERY COSTS					
	COST	TYPE	BARRELS/MCF		
a. FUEL					
1. PURCHASED					
2. LEASE PRODUCTS					
b. WATER					
c. CHEMICALS					
d. MAINTENANCE AND REPAIRS					
e. PURCHASED STEAM - OFF SITE SOURCE					
	TOTAL EN	HANCED RE	COVERY COSTS \$	3	
17. OVERHEAD (DIRECT-FIELD OR DISTRICT)					
18. OTHER. EXPLAIN FULLY ON ATTACHED SHEE	Т				
10 TOTAL FIELD ODEDATING EVDENISES					

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



CAPITAL EXPENDITURES

20. NEW WEL	LS						ASSESSOR'S USE ONLY
WELL NUMBER	WELL TYPE	DATE COMPLETED	DEPTH	COST\$			
			TOTAL N	EW WELL COST \$			
21. REMEDIA	L WELL WO	RK					
WELL NUMBER	WELL TYPE	DATE COMPLETED	DEPTH	COST \$			
	I	TOTAL REM	IEDIAL WE	LL WORK COST \$			
22. ABANDO	NMENTS						_
		DATE		SA	VAGE		
WELL NUMBER	WELL TYPE	ABANDONED DEI	PTH		LUE \$		
			7 1				
			7 /				
	_						
			TOTAL AR	ANDONMENT COS	T (NET) ¢		
			TOTAL AD	ANDONWENT COS	I (IVLI) \$		
23. SURFACE	INVESTMEN	11		// //			
	TYPE	DATE	COMPLE	red cos	Г\$		
			1				
			TOTA	L SURFACE INVES	TMENT \$		
24. WORK IN	PROGRESS						
						DESCRIPTION	COST\$
FIXED PLANT, EQ	UIPMENT & O	THER					
WELLS, NON-FIX	TURE & FIXTU	RE			•		_
		TOTAL IN	IPROVEMI	ENT \$			
MOVEABLE EQUI	PMENT						
25. OTHER (full	lv explain on a	attached sheet)					
26. TOTAL CAP	• •						
27. REMARKS		DITURES					
ZI. KLWAKKO	•						
				DECLARATION	BY AS	SESSEE	
OWNERSHIP TYPE		Note: The following	declaration	on must be comp	leted an	d 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							of my knowledge and believe it
Corporation							owned, claimed, possessed, 11 a.m. on January 1, 20
OtherSIGNATURE OF AS							
SIGNATURE OF AS	DATE						
NAME OF ASSESS	TITLE						
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)							
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)						FEDERAL EMPLOYER ID NUMBER	
PREPARER'S NAM	E AND ADDRE	SS (typed or printed)				TELEPHONE NUMBER ()	TITLE

*Agent: See page 4 for Declaration by Assessee instructions.
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 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.



