EF-566-D-R08-0810-53000332-1 BOE-566-D (P1) REV. 08 (08-10)

# OIL AND DISSOLVED GAS PRODUCTION REPORT 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.



# Deanna L. Bradford County Clerk-Recorder-Assessor

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

| 1. NAME AND MAILING (Make necessary correct |                    | ne and mailing ad |            | 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 on or bef April 1, 20 Failure to timely file the statement will compel 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. |                               |                |                |                       |  |  |
|---------------------------------------------|--------------------|-------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------|----------------|-----------------------|--|--|
| TELEPHONE NUM                               | BER: ()            |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
|                                             |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
| 2. DESCRIPTION OF THE PROP                  | RTY (A separate re | eport must be t   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
| FIELD NAME                                  |                    |                   | LEASE      | NAME ANI                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D POOL                        |                |                | 1                     |  |  |
| RECOVERY                                    |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
| PRIMARY OTHER. DE                           | SCRIBE:            |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
| 3. PARCEL NUMBER                            |                    |                   | TAX RA     | ATE AREA                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                |                |                       |  |  |
|                                             |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
| 4. ZONE OR WELL NUMBER                      |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
|                                             |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
| CALENDAR YEAR 20                            |                    |                   | TION DATA  | K .                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -                             |                | INJECTION DATA | 1                     |  |  |
|                                             | NUMBER PR          | ODUCING           | OIL        | WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | GAS                           | NUMBER INJECT  | STE            | WATER<br>EAM (EXCLUDE |  |  |
|                                             | WELLS              | DAYS              | O.E        | W C L C                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C/ to                         | WELLS D.       | AYS            | DISPOSAL)             |  |  |
| 5. JANUARY                                  |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
| FEBRUARY                                    |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
| MARCH                                       |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
| APRIL                                       |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
| MAY                                         |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
| JUNE                                        |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
| JULY                                        |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
| AUGUST                                      |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
| SEPTEMBER                                   |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
| OCTOBER                                     |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
| NOVEMBER                                    |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
| DECEMBER                                    |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
| 6. JUL-DEC TOTAL                            |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
| 7. YEAR'S TOTAL                             |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                |                |                       |  |  |
|                                             |                    | (use sep          | arate shee | ets as nee                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ded for the                   | following)     |                |                       |  |  |
| 8. DEPTH TO ZONE BOTTOM                     |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 16. G. & G.I                  | INCOME, ANNUAL |                |                       |  |  |
| 9. ROYALTY RATE P G                         |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 17. GAS USED ON LEASE, MCF/YR |                |                |                       |  |  |
| 10. OIL GRAVITY, API DEC.                   |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 18. GAS SA                    | LES, MCF/YR    |                |                       |  |  |
| 11. PRICE OF GAS PER MCF, DEC.              |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 19. NGL SALES, GAL/YR         |                |                |                       |  |  |
| 12. HEAT CONTENT - PRODUCED GAS - BTU/MCF   |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 20. TRUCKING CHARGE PER BBL.  |                |                |                       |  |  |
| 13. PRICE OF NGL SOLD PER GAL., DEC.        |                    |                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 21. NAME OF CRUDE OIL BUYER   |                |                |                       |  |  |
| 14. CRUDE OIL PRICE PER BBI                 |                    |                   |            | 22. SEVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ANCE TAX PER BBL.             |                |                |                       |  |  |

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



15. POSTED OIL FIELD

| 23. PROVED RESER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VES                                                                                                                                       |                  |                 |        |                  |      |                   |                            |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------|--------|------------------|------|-------------------|----------------------------|--|--|
| AS OF YEAR END                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                           | 100% OIL (B      | 100% GAS (MMCF) |        |                  | ASSE | SSOR'S USE ONLY   |                            |  |  |
| DEVELOPED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
| UNDEVELOPED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
| 24. BASIC WELL EQ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | UIPMENT                                                                                                                                   | 1                |                 | 1      |                  | '    |                   |                            |  |  |
| NUMBER OF WELLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
| TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                           | ACTIVE           | ID              | LE     | DEF              | PTH  |                   |                            |  |  |
| PRODUCING FLOWING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
| PRODUCING ARTIFICIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | L LIFT                                                                                                                                    |                  |                 |        |                  |      |                   |                            |  |  |
| IDLE WITH EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | GOOD                                                                                                                                      |                  |                 |        |                  |      |                   |                            |  |  |
| IDLE WITH EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | T: FAIR                                                                                                                                   |                  |                 |        |                  |      |                   |                            |  |  |
| IDLE WITH EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | : POOR                                                                                                                                    |                  |                 |        |                  |      |                   |                            |  |  |
| IDLE WITH NO EQUIPM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ENT                                                                                                                                       |                  |                 |        |                  |      |                   |                            |  |  |
| IDLE RODS AND TUBIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | G                                                                                                                                         |                  |                 |        |                  |      |                   |                            |  |  |
| OBSERVATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
| INJECTION STEAM (NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N-CYCLIC)                                                                                                                                 |                  |                 |        |                  |      |                   |                            |  |  |
| INJECTION WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
| INJECTION AIR/GAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
| WATER DISPOSAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
| WATER SUPPLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TOTAL                                                                                                                                     |                  |                 |        |                  |      |                   |                            |  |  |
| 25. OTHER PRODUC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TION EQUIP                                                                                                                                | PMENT - ADDITION | S AND RE        | MOVALS |                  |      |                   |                            |  |  |
| ITEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                           | NUMBER SIZ       |                 | DATE   | ORIGINA<br>INSTA | LLED |                   |                            |  |  |
| TANKS, WASH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                           |                  |                 |        |                  |      |                   | _                          |  |  |
| TANKS, LARGE STORA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | GE                                                                                                                                        |                  |                 |        |                  |      |                   |                            |  |  |
| INJECTION EQUIPMEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Т                                                                                                                                         |                  |                 |        |                  |      |                   |                            |  |  |
| DISPOSAL EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
| SHIPPING PUMPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
| STEAM GENERATORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
| SCRUBBERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
| COMPRESSORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
| LACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TOTAL                                                                                                                                     |                  |                 |        |                  |      |                   |                            |  |  |
| 26. REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
| DECLARATION BY ASSESSEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
| OWNERSHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TYPE (🗹)  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 belief is true, correct, and complete and includes all property required to be reported which is owned, claimed, possesse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
| Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                           |                  |                 |        |                  |      |                   | 01 a.m. on January 1, 20   |  |  |
| Other SIGNATURE OF ASSESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                           |                  | - 20.0011       |        | 4666             |      | Statement at 12.0 | DATE                       |  |  |
| DISTRIBUTE OF ASSESSED STATEMENT AND ASSESSED STATEMENT OF THE STATEMENT O |                                                                                                                                           |                  |                 |        |                  |      |                   |                            |  |  |
| 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  ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                           |                  |                 |        |                  |      | TITLE             |                            |  |  |

THIS REPORT IS SUBJECT TO AUDIT
\*Agent: See page 4 for Declaration by Assessee Instructions.



# INSTRUCTIONS FOR COMPLETING OIL AND DISSOLVED GAS PRODUCTION REPORT

This report is not a public document. The information contained here will be held confidential 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 subject to the same provisions, sanctions and penalties upon failure to keep records confidential.

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-J, Oil, Gas and Geothermal Personal Property Statement.

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, MAILING ADDRESS AND PHONE NUMBER

a. 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.

b. 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.

c. 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.

d. 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 lease or parcel on a separate report form. Fill in oil field name, lease name and pool, and lease number. Conform to Division of Oil and Gas classification in regard to name of field, lease, and pool. Check whether recovery is primary or other type. If other, describe method, for example, waterflood, steam injection (cyclic or flood), fire flood, etc.

### LINE 3. PARCEL NUMBER AND TAX RATE AREA NUMBER

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

- **LINE 4.** Submit a separate form for each Department of Energy (DOE) "Formation," for example, Division of Oil and Gas recognized pool, and label according to the Division of Oil and Gas nomenclature.
- **LINE 5.** Report oil (BBLS), water (BBLS) and gas (MCF) production and steam (BBLS) or water (BBLS) injection by months on a calendar year basis and the number of producing or injection wells and days. New wells and/or abandonments should be reported separately.
- **LINE 9.** List the total royalty percent. For leasehold properties check appropriate Box P or G whether the lessor is a private party or a governmental agency and state the government royalty separately.
- LINE 14. Report crude oil price per barrel at the end of December before any transportation charges.
- **LINE 15.** Please list the posted oil field used as a reference for crude oil sales.
- **LINE 16.** Report calendar year's gas and gas liquids income to the property for working and royalty interests combined (excluding plant's share of gas and gas liquids).



- LINE 17. Report gas (MCF) used as lease fuel.
- **LINE 18.** Report volume of gas (MCF) credited to lease after plant processing. This volume should be the same as that upon which royalty payments are based.
- **LINE 19.** Report volume of (NGL) credited to lease after plant processing. This volume should be the same as that upon which royalty payments are based.
- **LINE 20.** Indicate trucking charges per barrel if oil must be hauled.
- **LINE 23.** Indicate your proved developed and undeveloped oil and gas reserves (as defined in Rule section 468 of the California Code of Regulations), as of the year end.
- LINE 24. Report the number of wells by type, indicating the status and average depth. Idle with equipment (good, fair, poor), idle no equipment, and idle rods and tubing pertain to producing wells only. A well is considered active if used at least one day during December. Active producers and injectors should equal the number of wells reported for December in the production and injection data. An injector should be reported as a producer if the well was in production at any time during December.
- LINE 25. Report additions to or removals of improvements of your "Other Production Equipment." Label removals. The Assessor may, on written notice, request annual reporting of previously existing equipment.
- LINE 26. Any other information bearing on the value of the property may be recorded under "Remarks."

#### **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.

