OLLAND GAS OPERATING       Constraints         Decknowniants       Constraints	F-566-K-R09-0515-01000202-1 OE-566-K (P1) REV. 09 (05-15)			* 1221 Oak St * Oakland, Ca		<b>A COUNTY ASSESSOR</b> t., Rm 145 a. 94612-4288	
Declaration of costs and other ideated property a separate report for each property.				CALIFORNIA			
IMMER RESERVE CONCINCTION  A report submitted on the printed names and making address?  A report submitted on the form is required of you by section A4/i the Revenue and Taxation Code section A4/i the A4/i the Revenue and Taxation Code section A4/i the Revenue and Taxation Code sec	Declaration of costs and other related prope information as of 12:01 A.M., January 1, 20						
A report submitted on this form is required by by section 441, the complexity is the instructions of Code. The statement must be complexity to the instructions of Code. The statement must be complexity to the instructions of the value of your property form of the action of the statement must be complexity.      ELECPHONE NUMBER:							
He Revenue and Taxation Code: The statement must be complexity     April 1, 20		e and mailing addr	ess)				
2. DESCRIPTION OF THE PROPERTY 42 separate report multiple first for each transport FIELD VAME  FIELD VAME  FIELD VAME  FIELD VAME  VATER OF PRODUCING WELLS  VATER (BBLS)  A. RATERIALS AND SUPPLIES (EXPENSES)  C. GAS (MCF)  FIELD OFERTING EXPENSES  VATER (BBLS)  A. CADOR ON CYELE SUPPLIES (EXPENSES)  C. GAS (MCF)  FIELD OFERTING EXPENSES  VATER (BBLS)  A. CADOR ON CYELE SUPPLIES (EXPENSES)  C. CAS (MCF)  FIELD OFERTING EXPENSES  VATER (BBLS)  A. CADOR ON CYELE SUPPLIES (EXPENSES)  A. CADOR ON ADD WASTE WATER DISPOSAL  A. CADOR ON ADD WA	L			the Rev accordin April 1, Assesso informat	renue and Taxation C g to the instructions a 20 Failure to tir or's Office to estimate tion in its possession	ode. The statement must be completed and filed with the Assessor on or before mely file the statement will compel the the value of your property from othe and add a penalty of 10 percent as	
FIELD NAME       ILEASE NAME NID POOL         RECOVERY       OTHER. DESCRIBE:         3. PARCEL NUMBER       TAX RATEAREA         4. ZONE OR WELL NUMBER       ASSESSOR'S USE ONLY         4. NUMBER OF PRODUCING WELLS;       ASSESSOR'S USE ONLY         5. AVERAGE TUBING DEFTH, FEET       ASSESSOR'S USE ONLY         6. PRODUCTION       ASSESSOR'S USE ONLY         7. NUMBER OF DRODUCING WELLS;       ASSESSOR'S USE ONLY         6. PRODUCTION       ASSESSOR'S USE ONLY         7. ALBOR INCLUDING EMPLOYEE BENEFIT\$       ASSESSOR'S USE ONLY         8. MATERIALS AND SUPPLIES (EXPENSES)       TOTAL COST (\$)         7. LABOR INCLUDING EMPLOYEE BENEFIT\$       ASSESSOR'S USE ONLY         9. WELL MAINTENANCE, GENERAL (PULLING, BAILING, ETC.)       IO. CONTRACT WORK AND RENTALS         10. CONTRACT WORK AND RENTALS       II. INSURANCE         11. INSURANCE       II. ASSESSION SERVICES         12. UTILITIES       II. SUCH AND RENTALS         13. COMPRESSION SERVICES       III. SUCH AND RENTALS         14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING)       III. SUCH AND RENTALS         15. DEHYDRATION AND WASTE WATER DISPOSAL       IIII. SUCH AND RENT IN GENERAL (PULLING)         16. ENHANCED RECOVERY COSTS       IIII. PURCHASED         17. PURCHASED       IIII. PURCHASED	TELEPHONE NUMBER: ()						
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18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET	17. OVERHEAD (DIRECT-FIELD OR DISTRICT)						
	18. OTHER. EXPLAIN FULLY ON ATTACHED SHEE	Г					

### THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION





#### DECLARATION BY ASSESSEE

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

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



### INSTRUCTIONS FOR COMPLETING THE OIL AND GAS OPERATING EXPENSE DATA REPORT

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

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

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

## b. NAME OF OPERATOR (PERSON OR CORPORATION)

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

## c. DBA OR FICTITIOUS NAME

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

d. MAILING ADDRESS

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

#### e. PHONE NUMBER

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

## LINE 2. DESCRIPTION OF THE PROPERTY

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

#### LINE 3. PARCEL NUMBER

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

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



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

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

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

## DECLARATION BY ASSESSEE

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

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

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

