EF-566-K-R09-0515-06000125-1 BOE-566-K (P1) REV. 09 (05-15)

# **OIL AND GAS OPERATING**

## **Bob Buckner Colusa County Assessor**

547 Market St., Suite 101 Colusa, CA 95932 (530) 458-0450

<b>EXPENSE</b>	DATA	FOF	R 20_		
Declaration i	of costs	and	other	related	nro

Declaration of costs and other related property information as of 12:01 A.M., January 1, 20\_\_\_. File a separate report for each property.

NAME AND MAILING ADDRESS  (Make necessary corrections to the printed name)	e and mailing add	OFFICIA	OFFICIAL REQUIREMENT					
Г L			th ac Ap As in	e Revenue and Taxation Co ecording to the instructions a oril 1, 20 Failure to timessessor's Office to estimate	in is required of you by section 441(d) of ode. The statement must be completed and filed with the Assessor on or before nely file the statement will compel the the value of your property from other and add a penalty of 10 percent as in Code section 463.			
TELEPHONE NUMBER: ()								
2. DESCRIPTION OF THE PROPERTY (A separate re	eport must be fi							
FIELD NAME	LEASE N	LEASE NAME AND POOL						
RECOVERY								
PRIMARY OTHER. DESCRIBE:								
3. PARCEL NUMBER		E AREA						
4. ZONE OR WELL NUMBER								
WELL DATA:					ASSESSOR'S USE ONLY			
4. NUMBER OF PRODUCING WELLS								
5. AVERAGE TUBING DEPTH, FEET								
6. PRODUCTION								
a. CRUDE OIL (BBLS)								
b. WATER (BBLS)								
c. GAS (MCF)								
FIELD OPERATING EXPENSES:	TOTAL COST (\$)							
7. LABOR, INCLUDING EMPLOYEE BENEFITS								
8. MATERIALS AND SUPPLIES (EXPENSED ITEM	S ONLY)							
9. WELL MAINTENANCE, GENERAL (PULLING, B.	AILING, ETC.)							
10. CONTRACT WORK AND RENTALS								
11. INSURANCE								
12. UTILITIES	-							
13. COMPRESSION SERVICES								
14. TRANSPORTATION (EXCEPT CRUDE OIL HAU	LING)							
15. DEHYDRATION AND WASTE WATER DISPOSA	.L							
16. ENHANCED RECOVERY COSTS								
	COST	TYPE	BARRELS/MC	CF .				
a. FUEL								
1. PURCHASED								
2. LEASE PRODUCTS								
b. WATER								
c. CHEMICALS								
d. MAINTENANCE AND REPAIRS								
e. PURCHASED STEAM - OFF SITE SOURCE								
	TOTAL EN	HANCED RE	COVERY COSTS	S \$				
17. OVERHEAD (DIRECT-FIELD OR DISTRICT)	-							
18. OTHER. EXPLAIN FULLY ON ATTACHED SHEE	Т							

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



19. TOTAL FIELD OPERATING EXPENSES

#### **CAPITAL EXPENDITURES**

20. NEW WELLS							AS	SESSOR'S USE ONLY		
WELL NUMBER	WELL TYPE	DATE COMPLE	ATE COMPLETED DEPTH		COST\$					
	TOTAL NEW WEL				L COST \$					
21. REMEDIA	L WELL WO	SK								
WELL NUMBER	WELL TYPE	DATE COMPLE	COMPLETED DEPTH C			CT ¢				
WELL NOWBER	VVLLL III L	DATE COMITEE	ILD	DEI III	TH COST \$					
		TOTA	L REMI	EDIAL WE	LL WORI	K COST \$				
22. ABANDO	NMENTS									
DATE DESTRUCTION					SA	LVAGE				
WELL NUMBER	WELL TYPE	ABANDONED	DEP	'TH	COST \$		LUE\$			
				TOTAL AE	BANDONN	MENT COS	T (NET) \$			
23. SURFACE	INVESTMEN	IT								
	TYPE		DATE	COMPLE	TED	COS	Т\$			
TOTAL SURFACE INVESTMENT \$										
24. WORK IN	PROGRESS			1017	TE OOI (17	TOL HAVEO	TIVIΕΙΥΙ			
24. WORK IN	PROGRESS							DESCRIPTION		COST\$
FIXED PLANT, EQUIPMENT & OTHER								DESCRIPTION		υσοι ψ
WELLS, NON-FIX										
WEELO, NOIV 11X			ΤΔΙ ΙΜΙ	PROVEM	ENIT \$					
MOVEABLE EQUI	IPMENT	10	17 (L 11VII	TROVEIN	Ε141 Ψ					
25. OTHER (ful		attached sheet)								
26. TOTAL CAI										
27. REMARKS		DITOREO								
					DEOL 4	DATION	DV 40	050055		
OWNERSHIP TYPE	· (☑)	Jakas Tha Kallas						SESSEE		4
Proprietorship			_							t may result in penalties. d this property statement,
Partnership										y knowledge and believe it
Corporation										ned, claimed, possessed,
Other	. 🗀	_	-	the pers	on nam	ed as the	assesse	ee in this statement	at 12:01 a.i	m. on January 1, 20
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*								DATE		
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)							TITLE			
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)							FEDERAL EMPLOYER ID NUMBER			
NAME OF ELOAL ENTITY (Unior than DDA) (typed or printed)							LESERVE FINIT FOLLY ID MOINDER			
PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER						R	TITLE			

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



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

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

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

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

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

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

#### c. DBA OR FICTITIOUS NAME

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

#### d. MAILING ADDRESS

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

#### e. PHONE NUMBER

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

### LINE 2. DESCRIPTION OF THE PROPERTY

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

#### LINE 3. PARCEL NUMBER

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

- **LINE 4.** Producing wells reported are those wells which actually contribute to normal lease production on a profitable basis.
- **LINE 6.** Production is to be for the same period as used for the reporting of the expense data on this form.
- **LINES 7** Report direct field operating expenses only. Do not report capitalized items or royalty payments 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).



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- 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.