OIL AND GAS OPERATING EXPENSE DATA FOR 20_

Declaration of costs and other related property information as of 12:01 A.M., January 1, 20____. File a separate report for each property. 1. NAME AND (Make necessa



Marc C. Tonnesen Solano County Assessor/Recorder 675 Texas Street Suite 2700 Fairfield, CA 94533-6338 (707) 784-6210 http://www.solanocounty.com/depts/ar assessor@solanocounty.com

 NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) 	OFFICIAL REQUIREMENT
L	A report submitted on this form is required of you by section 441(d) of the Revenue and Taxation Code. The statement must be completed according to the instructions and filed with the Assessor on or before April 1, 20 Failure to timely file the statement will compel the Assessor's Office to estimate the value of your property from other information in its possession and add a penalty of 10 percent as required by Revenue and Taxation Code section 463.
TELEPHONE NUMBER: ()	

2. DESCRIPTION OF THE PROPERTY (A separate report must be filed for each property)						
FIELD NAME	LEASE NAME AND POOL					

RECOVERY OTHER. DESCRIBE: PRIMARY

3. PARCEL NUMBER

L

TAX RATE AREA

4. ZONE OR WELL NUMBER

4. NUMBER OF PRODUCING WELLS Server of the production o	WELL DATA:		ASSESSOR'S USE ONLY			
6. PRODUCTION	4. NUMBER OF PRODUCING WELLS					
a. CRUDE OIL (BBLS) b. WATER (BBLS) c. GAS (MCF) FIEL DOPERATING EXPENSES: C. GAS (MCF) FIEL DOPERATING EXPENSES: TOTAL COST (\$) FIEL DOPERATING EXPENSES: TOTAL COST (\$) FIEL OPERATING EXPENSES ITEMS ONLY) S. WELL MAINTENANCE, GENERAL (PULLING, BAILING, ETC.) S. WELL MAINTENANCE MATER DISPOSAL S. WELL MAINTENANCE AND RENATER DISPOSAL S. WELL MAINTENANCE AND RENATER DISPOSAL S. WATER	5. AVERAGE TUBING DEPTH, FEET					
b. WATER (BBLS)	6. PRODUCTION					
c GAS (MCF)TOTAL COST (s)FIELD OPERATING EXPENSES:TOTAL COST (s)7. LABOR, INCLUDING EMPLOYEE BENEFITSTOTAL COST (s)8. MATERIALS AND SUPPLIES (EXPENSED ITEMS ONLY)59. WELL MAINTENANCE, GENERAL (PULLING, BAILING, ETC.)510. CONTRACT WORK AND RENTALS511. INSURANCE512. UTILITIES513. COMPRESSION SERVICES514. TRANSPORTATION (EXCEPT CRUDE OIL HAULING)515. DEHYDRATION AND WASTE WATER DISPOSAL516. ENHANCED RECOVERY COSTS517. PUEL61. PURCHASED61. PURCHASED62. LEASE PRODUCTS62. LEASE PRODUCTS63. WATER64. MAINTENANCE AND REPAIRS66. CHEMICALS66. PURCHASED66. PURCHASED STEAM-CED RECURE67. OVERHEAD (DIRECT-FIELD OR DISTRICT)518. OTHER. EXPLAIN FULLY ON ATTACHED SHEET618. OTHER. EXPLAIN FULLY ON ATTACHED SHEET6	a. CRUDE OIL (BBLS)					
Field OPERATING EXPENSES: TOTAL COST (\$) 7. LABOR, INCLUDING EMPLOYEE BENEFITS 8. MATERIALS AND SUPPLIES (EXPENSED ITEMS ONLY) 9. WELL MAINTENANCE, GENERAL (PULLING, BAILING, ETC.) 10. CONTRACT WORK AND RENTALS 11. INSURANCE 12. UTILITIES 13. COMPRESSION SERVICES 14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING) 15. DEHYDRATION NUXSTE WATER DISPOSAL 16. ENHANCED RECOVERY COSTS 17. PURCHASED 1. PURCHASED 2. LEASE PRODUCTS 3. WAITER 4. MAINTENANCE AND REPAIRS 6. CHEMICALS 6. CHEMICALS 7. PURCHASED 6. CHEMICALS 6. CHEMICALS 6. CHEMICALS 6. CHEMICALS 6. MAINTENANCE AND REPAIRS 6. OLEMICALS 7. OVERHEAD (DIRECT-FIELD OR DISTRICT) 18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET </td <td>b. WATER (BBLS)</td> <td></td> <td></td>	b. WATER (BBLS)					
7. LABOR, INCLUDING EMPLOYEE BENEFITSIncluding EMPLOYEE BENEFITSIncluding EMPLOYEE BENEFITS8. MATERIALS AND SUPPLIES (EXPENSED ITEMS ONLY)Image: Stress of the stres	c. GAS (MCF)					
8. MATERIALS AND SUPPLIES (EXPENSED ITEMS ONLY) Image: State	FIELD OPERATING EXPENSES:				TOTAL COST (\$)	
9. WELL MAINTENANCE, GENERAL (PULLING, BAILING, ETC.) Image: State in the s	7. LABOR, INCLUDING EMPLOYEE BENEFITS					
10. CONTRACT WORK AND RENTALS Image: State	8. MATERIALS AND SUPPLIES (EXPENSED ITEMS	SONLY)				
11. INSURANCE12. UTILITIESI13. COMPRESSION SERVICESI14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING)I15. DEHYDRATION AND WASTE WATER DISPOSALI16. ENHANCED RECOVERY COSTSI16. ENHANCED RECOVERY COSTSI17. PURCHASEDI18. FUELI19. WATERI10. WATERI10. WATERI11. PURCHASEDI11. PURCHASEDI12. LEASE PRODUCTSI13. GTHER AND REPAIRSI14. MAINTENANCE AND REPAIRSI15. PURCHASED STEAM - OFF SITE SOURCEI17. OVERHEAD (DIRECT-FIELD OR DISTRICT)18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET19. OTHER. EXPLAIN FULLY ON ATTACHED SHEET	9. WELL MAINTENANCE, GENERAL (PULLING, BA	ILING, ETC.)				
12. UTILITIES Image: Services Image: Services 13. COMPRESSION SERVICES Image: Services Image: Services 14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING) Image: Services Image: Services 15. DEHYDRATION AND WASTE WATER DISPOSAL Image: Services Image: Services 16. ENHANCED RECOVERY COSTS COST TYPE BARRELS/MCF 16. ENHANCED RECOVERY COSTS COST TYPE BARRELS/MCF a. FUEL COST TYPE BARRELS/MCF a. FUEL COST TYPE BARRELS/MCF 1. PURCHASED COST Services Image: Services 2. LEASE PRODUCTS Image: Services Image: Services Image: Services b. WATER Image: Services Image: Services Image: Services Image: Services c. CHEMICALS Image: Services Image: Services Image: Services Image: Services Image: Services d. MAINTENANCE AND REPAIRS Image: Services Image: Se	10. CONTRACT WORK AND RENTALS					
13. COMPRESSION SERVICES Ideal 14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING) Ideal 15. DEHYDRATION AND WASTE WATER DISPOSAL Ideal 16. ENHANCED RECOVERY COSTS Ideal 16. ENHANCED RECOVERY COSTS Ideal 17. PURCHASED Ideal 18. FUEL Ideal 19. PURCHASED Ideal 10. WATER Ideal 10. WATER Ideal 10. WATER Ideal 10. WATER Ideal 10. MAINTENANCE AND REPAIRS Ideal 10. MAINTENANCE AND REPAIRS Ideal 11. PURCHASED STEAM - OFF SITE SOURCE Ideal 11. OVERHEAD (DIRECT-FIELD OR DISTRICT) I	11. INSURANCE					
14. TRANSPORTATION (EXCEPT CRUDE OIL HAULING) Image: style iter iter iter iter iter iter iter ite	12. UTILITIES					
15. DEHYDRATION AND WASTE WATER DISPOSAL Image: Cost of type states and type stype states and type stype states and type states and type states	13. COMPRESSION SERVICES					
16. ENHANCED RECOVERY COSTS COST TYPE BARRELS/MCF a. FUEL COST TYPE BARRELS/MCF a. FUEL Image: COST Image: COST Image: COST 1. PURCHASED Image: COST Image: COST Image: COST 2. LEASE PRODUCTS Image: COST Image: COST Image: COST b. WATER Image: COST Image: COST Image: COST Image: COST c. CHEMICALS Image: COST Image: COST Image: COST Image: COST Image: COST d. MAINTENANCE AND REPAIRS Image: COST	14. TRANSPORTATION (EXCEPT CRUDE OIL HAUL	ING)				
COSTTYPEBARRELS/MCFMarcel S/MCFa. FUELImage: COSTTYPEBARRELS/MCFImage: COSTa. FUELImage: COSTImage: COSTImage: COSTImage: COST1. PURCHASEDImage: COSTImage: COSTImage: COSTImage: COST2. LEASE PRODUCTSImage: COSTImage: COSTImage: COSTImage: COSTb. WATERImage: COSTImage: COSTImage: COSTImage: COSTImage: COSTb. WATERImage: COSTImage: COSTImage: COSTImage: COSTImage: COSTc. CHEMICALSImage: COSTImage: COSTImage: COSTImage: COSTImage: COSTd. MAINTENANCE AND REPAIRSImage: COSTImage: COSTImage: COSTImage: COSTImage: COSTd. MAINTENANCE AND REPAIRSImage: COSTImage: COSTImage: COSTImage: COSTImage: COSTImage: COSTd. MAINTENANCE AND REPAIRSImage: COSTImage: COSTI	15. DEHYDRATION AND WASTE WATER DISPOSAL					
a. FUELImage: Addition of the second sec	16. ENHANCED RECOVERY COSTS					
1. PURCHASEDImage: Construct of the symbol of t		COST	TYPE	BARRELS/MCF		
2. LEASE PRODUCTS Image: Constraint of the second seco	a. FUEL					
b. WATERImage: Constraint of the second	1. PURCHASED					
c. CHEMICALS Image: Comparison of the comparison of th	2. LEASE PRODUCTS					
d. MAINTENANCE AND REPAIRS Image: Constant of the second	b. WATER					
e. PURCHASED STEAM - OFF SITE SOURCE TOTAL ENHANCED RECOVERY COSTS \$ 17. OVERHEAD (DIRECT-FIELD OR DISTRICT) 18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET 5	c. CHEMICALS					
TOTAL ENHANCED RECOVERY COSTS \$ 17. OVERHEAD (DIRECT-FIELD OR DISTRICT) 18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET	d. MAINTENANCE AND REPAIRS					
17. OVERHEAD (DIRECT-FIELD OR DISTRICT) 18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET	e. PURCHASED STEAM - OFF SITE SOURCE					
18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET						
	17. OVERHEAD (DIRECT-FIELD OR DISTRICT)					
19. TOTAL FIELD OPERATING EXPENSES	18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET					
	19. TOTAL FIELD OPERATING EXPENSES					

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



20. NEW WELLS							ASSESSOR'S	S USE ONLY			
WELL NUMBER	WELL TYPE	DATE COMPLE	PLETED DEPTH C		COST	Γ\$					
				TOTAL I		COST \$					
21. REMEDIA	L WELL WOR	RK					1				
WELL NUMBER	WELL TYPE	DATE COMPLE	ETED DEPTH C		COST	\$					
		TOTA	LREM	EDIAL W		COST \$					
22. ABANDO	NMENTS						1				
WELL NUMBER	WELL TYPE	DATE	DEF	тц	COST \$	SA	ALVAGE				
		ABANDONED			0031.9	V	ALUE \$				
				TOTAL A	BANDONME	NT COS	ST (NET) \$				
23. SURFACE		IT									
TYPE DATE COMPLETED			TED	COS	Т\$						
24. WORK IN	TOTAL SURFACE INVESTMENT \$ 24. WORK IN PROGRESS										
24. WURNIN	FRUGRESS						r	DESCRIPTION	1		COST \$
FIXED PLANT, EQUIPMENT & OTHER					L		1		0031 \$		
WELLS, NON-FIXTURE & FIXTURE											
TOTAL IMPROVEMENT \$			1ENT \$								
MOVEABLE EQUIPMENT				*							
25. OTHER (ful	lly explain on a	attached sheet)									
26. TOTAL CAPITAL EXPENDITURES											
L											

27. REMARKS:

DECLARATION BY ASSESSEE

OWNERSHIP TYP	PE (⊠)	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 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 A	SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* DATE									
NAME OF ASSES	TITLE									
NAME OF LEGAL	NAME OF LEGAL ENTITY (other than DBA) (typed or printed) FEDERAL EMPLOYER ID NUMBE									
PREPARER'S NA	ME AND	OADDRESS (typed or printed)	TELEPHONE NUMBER	TITLE						
*Agent: See page 4 for Declaration by Assessee instructions.										

THIS REPORT IS SUBJECT TO AUDIT



INSTRUCTIONS FOR COMPLETING THE OIL AND GAS OPERATING EXPENSE DATA REPORT

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

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

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

b. NAME OF OPERATOR (PERSON OR CORPORATION)

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

c. DBA OR FICTITIOUS NAME

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

d. MAILING ADDRESS

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

e. PHONE NUMBER

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

LINE 2. DESCRIPTION OF THE PROPERTY

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

LINE 3. PARCEL NUMBER

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

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

