EF-566-K-R09-0515-51000380-1 BOE-566-K (P1) REV. 09 (05-15)



## KATHY SCRIVEN SUTTER COUNTY ASSESSOR

1190 Civic Center Blvd. Yuba City, CA 95993

Phone: (530) 822-7160 Fax: (530) 822-7198

www.suttercounty.org/assessor E-mail: assessor@co.sutter.ca.us

# 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 MAILING ADDRESS									
(Make necessary corrections to the printed name	OFFICIAL REQUIREMENT								
			the acc Apr Ass info	Revenue and Taxation Co ording to the instructions a ill 1, 20 Failure to timesessor's Office to estimate	is required of you by section 441(d) of ode. The statement must be completed and filed with the Assessor on or before hely file the statement will compel the the value of your property from other and add a penalty of 10 percent as a Code section 463				
TELEPHONE NUMBER: ( )			_l requ	and by November and Taxado	Toda decitor foe.				
2. DESCRIPTION OF THE PROPERTY (A separate re	nort must be fi	led for each r	nronerty)						
FIELD NAME	port must be m		LEASE NAME AND POOL						
RECOVERY									
PRIMARY OTHER. DESCRIBE:  3. PARCEL NUMBER		TAX RAT							
3. PARCEL NUMBER		IAX KAI	EAREA						
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, BA	AILING, ETC.)								
10. CONTRACT WORK AND RENTALS									
11. INSURANCE									
12. UTILITIES		,							
13. COMPRESSION SERVICES									
14. TRANSPORTATION (EXCEPT CRUDE OIL HAUL	_ING)								
15. DEHYDRATION AND WASTE WATER DISPOSA	L								
16. ENHANCED RECOVERY COSTS									
	COST	TYPE	BARRELS/MCF	:					
a. FUEL									
1. PURCHASED									
2. LEASE PRODUCTS									
b. WATER									
c. CHEMICALS									
d. MAINTENANCE AND REPAIRS									
e. PURCHASED STEAM - OFF SITE SOURCE									
	TOTAL EN	HANCED RE	COVERY COSTS	\$					
17. OVERHEAD (DIRECT-FIELD OR DISTRICT)									
18. OTHER. EXPLAIN FULLY ON ATTACHED SHEET	Т								
19. TOTAL FIELD OPERATING EXPENSES									

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



#### **CAPITAL EXPENDITURES**

20. NEW WELLS										SSESSOR'S USE ONLY		
WELL NUMBER	WELL TYPE	DATE COMPLETED DEPTH		DEPTH	COST \$							
	TOTAL NEW WE											
21. REMEDIAL WELL WORK												
						г¢						
WELL NOWBER	VVLLL III L	DATE COMITEE	TLD	DEI III	000	COST \$						
		TOTA	L REME	REMEDIAL WELL WO		COST \$						
22. ABANDONMENTS												
		DATE				SA	LVAGE					
WELL NUMBER	WELL TYPE	ABANDONED	ED DEPTH		COST\$		ALUE \$					
			Т	OTAL AB	ANDONME	NT COS	ST (NET) \$					
23. SURFACE	INVESTMEN	NT .										
	TYPE		DATE (	COMPLE	TED	COS	Т\$					
							· 					
				1014	AL SURFAC	E INVES	SIMENI\$					
24. WORK IN	PROGRESS											
						DESCRIPTION				COST \$		
FIXED PLANT, EQUIPMENT & OTHER												
WELLS, NON-FIXTURE & FIXTURE												
TOTAL IMPROVEMENT \$												
MOVEABLE EQUI												
25. OTHER (ful												
26. TOTAL CAI		IDITURES										
27. REMARKS	:											
					DECLAR	ATION	BY AS	SESSEE				
OWNERSHIP TYPE		Note: The follow	wing d	eclarati	on must b	e comp	leted an	d signed. If you do	not do so, i	t may result in penalties.		
Proprietorship										d this property statement,		
Partnership										ny knowledge and believe it ned, claimed, possessed,		
Corporation												
Other   controlled, or managed by the person named as the assessee in this statement at 12:00 SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*										DATE		
<b>•</b>												
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								- D	TITI E			
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 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).



EF-566-K-R09-0515-51000380-4 BOE-566-K (P4) REV. 09 (05-15)

- 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.