DRILLING RIG EQUIPMENT PERSONAL PROPERTY—OWNED DECLARATION SCHEDULE

INSTRUCTION SHEET FOR FILING ATD 39

- 1. WHO MUST FILE: Owners of, or acting agents of, any oil or gas properties within the State of Wyoming, as required by W.S. 39-11-103 (a) (i), 39-13-103 (b) (v) and 39-13-107 (b) (ix), or personal property brought, driven or coming into Wyoming, or acquired, after the assessment date and prior to December 31 which remains in Wyoming at least thirty (30) days and has not been regularly assessed for taxation in any other Wyoming County... 39-13-103 (a) (i) (B).
- 2. FAILURE TO FILE: An annual report or the filing of an incomplete report will result in a valuation and assessment by the County Assessor from the "BEST INFORMATION AVAILABLE" Incomplete reports **WILL** be returned to the respondent and considered as **not filed**.
- 3. Electronic media filing must be approved by the applicable County Assessors Office. Computer programs should be designed to coincide with the State form.

GENERAL INFORMATION

- A. Please indicate the rig's location in the upper right hand box.
- B. <u>Please list one rig per form.</u> You may duplicate the form for additional rigs.
- C. Owner or operator's information;. The API number is the number of the well issued by the Wyoming Oil & Gas Conservation Commission when the permit to drill is issued. The Group Number is the number of the well (s) issued by the Wyoming's Mineral Tax Division, Department of Revenue, this number is used to identify the lease or unit.
- D. Fill in all information on the lease. Indicate the number of wells applicable to identify the lease or unit.
- E. Please list Rig Name, Rig Number, Stacked Rigs % complete Capable of Operation Yes or No, what the rig is drilling for Gas, Oil or CBM. Please also list the Drawworks: Make, Model, Depth Rating and Feet.
- F. Please list all Surface Equipment and Gathering Systems. List all like equipment together, Drill Pipe, Drill Collars and then Miscellaneous Equipment, by their individual types. **Describe and indicate number of units, size, capacity, model, condition and age.**
- G. The column titled "Installed Cost" means the cost of the equipment and <u>all</u> installed costs to put the equipment in operation.
- H. List all structures on the lease (if applicable); warehouses, well houses, pump housing, living quarters etc. Describe and indicate measurements, structure type, condition and age.
- I. List all "MATERIALS AND SUPPLIES" not held for resale.
- J. List all "LEASED EQUIPMENT" the same as all other equipment. Fill in the information pertaining to the Lessor. **The information provided here will not be used for your assessment.**
- K. Answer all questions completely and thoroughly. Your signature will validate your report.
- L. Additional information your company may wish to supply regarding valuation that would result in a more equitable assessment should be submitted with this report.

DRILLING RIG EQUIPMENT PERSONAL PROPERTY—OWNED DECLARATION SCHEDULE

County Number	Parcel #	Act Number	Person	nal Prop. Type		DO NO	OT USE - FOR ASSI	ESSORS USE ONLY	,
					Date received:			Ву:	
Name and address of personal property listed here: (please make any corrections here)					Please indicate location of personal property: (please make any changes here)				
					1/4	1/4	Section	Township	Range
					Type of land th	nis personal prop	perty is located on: (che	eck one) [] Priva	te [] Public
	e the following informa e bottom of page 4 and 1				ease sign the	reporting	NAICS C	ODE:	
Contact Person							Telephone		
Rig Name			Rig	Number/API #	_	Rig Age			
Stacked Rigs %	6 Complete		Ca	pable of Operation] Yes [] No Dril	illing for: []	Gas [] Oil	[] CBM
Drawworks		Make		Model			Depth Rating	Fe	eet
[] Electric	[] Mechanical	Engine	s	Make			HP Rating		
				Make			HP Rating		
Top Drive Tons Capacity: Make				Make	HP Rating				
Drill Pipe									_
Joints	Feet		Size	Lbs. Per F	oot	Grade	,	New/Used	Installed Cost
Tool Pusher Li	ving Quarters or Locat	tion		1	1				1
Size: Length x Width				Year Built			Capacity—# of People		

State of Wyoming, DRILLING RIG EQUIPMENT PERSONAL PROPERTY—OWNED DECLARATION SCHEDULE

County Number	Parcel #	Act Number	Personal Prop. Type	DO NOT USE - FOR ASSESSOR USE ONLY					
					20.			201,21	
Name and address of person	and property listed	hora: (planca maka any c	normations have)	Date received: By:					
Name and address of perso	mai property fisted	nere. (prease make any c	corrections here)	Please indicate location of personal property: (please make any changes here)					
				1/4	_ 1/4	Section	Township	Range	
				Type of land the	is personal pro	perty is located o	on: (check one) [] Private [] Public	
_	Collowing inform	mation about the dri	lling rig equipment you own.		3 N	NAICS CODE:			
Drill Collars									
Quantity		Size	Length	Length in Feet		Slick		Spiral	
Miscellaneous Equip	ment: Hand to	ools / Compressors	/ Welders, etc.						
Description / Make / Model		Serial #	New/Used	Year Bu	ıilt	Date Acquired		Installed Cost	

State of Wyoming, DRILLING RIG EQUIPMENT PERSONAL PROPERTY—OWNED DECLARATION SCHEDULE

County Number Pa	arcel # Act Number	Personal Prop. Type	DO NOT USE - FOR ASSESSORS ONLY					
			Date received:	By:				
Name and address of personal	property listed here: (please make any c	corrections here)	Please indicate location of personal property: (please make any changes here)					
			1/4 1/4	Section Township	Range			
			Type of land this personal prop	perty is located on: (check one) [] Private [] Public			
Please complete the follo	owing information about the dri	lling rig equipment you lease.		NAICS (CODE:			
	uipment and provide owner's t depreciated costs. Please do			as necessary)	\{\bar{\}}			
				£				
Owner and Address of leased property	Property Description Make / Model / Size / Serial #	Cost of Leased Property	Condition	Term (From - To)	Annual Rent			
and complete list of all p property of which I am the have not connived at any to return any taxable pro	the owner of (or agent, etc., as roperty owned by me or under the owner of or of which I have or violation or evasion of the requestry owned by him or under him the county jail not exceeding n	my control as agent or otherwise control as agent, guardian, admi airements of law in relation to the s control is guilty of a misdeme	e, and that I have not failed inistrator or otherwise, in the he assessment of property f	or neglected to list for taxantee county of, State for taxation. W.S. 18-3-205	ation for the year, all the of Wyoming and that I 5(b) Any person who fails			
Type or print your name	here:							
Signature of owner/agen	t		Title	Date				
Telephone number		Fax Number	E	Email:				