INSTRUCTION SHEET FOR FILING ATD 39

- 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 taxa tion 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 Mineral Tax Division, Wyoming 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 list model, quantity, size, capacity, condition, year built, year acquired and year installed.
- G. The column titled "Reported Cost" means the cost of the equipment and <u>all</u> installed costs to put the equipment in operation. Please indicate if this cost is a new or used purchase price by checking the appropriate column under "Type of Cost".
- 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.

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County Number Parcel #	Act Number	Personal Prop. Type	DO NOT USE - FOR ASSESSORS USE ONLY					
			Date received	l:		By:		
Name and address of personal property listed here: (please make any corrections here)			¹ / ₄ ¹ / ₄ Latitude	1/4	of personal property: (ple Section Longitude al property is located on:	Townshi	p	_Range
Please complete the following inform rendition on the bottom of page 4 an			Please sign the	e reportir	ng	S CODE: _		
Contact Person					Telephone			
Rig Name		Rig Number/API #			-	Rig A	ge	
Stacked Rigs % Complete		Capable of Operation	[] Yes [] No	Drilling for: [] Gas [] Oil [] CBM
Drawworks	Make	Model			Depth Rating		Feet	t
[] Electric [] Mechanical	Engines	Make			HP Ratir	ng		
		Make			HP Ratir	ng		
Top Drive Tons Capacity:		Make			HP Ratir	ng		

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Drill Pipe Cost Type: Please check appropriate box below Type of Cost with an XX to indicate if this cost is new and installed or a used purchase price reported for each piece of equipment.

Joints	Feet	Size	Lbs. Per Foot	Grade	Reported Year Acquired	Year Built	Reported *Cost	*Type Chec	of Cost ek One
								New	Used

Tool Pusher Living Quarters or Location

Size: Length x Width	Year Built	Capacity—# of People

County Number	Parcel #	Act Number	Personal Prop. Type		DO NOT USE - FOR A	ASSESSOR USE ONLY	Y
				Date received:		By:	
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 1/4	Section	Township	Range
				Latitude	Longitude		
				Type of land this persona	I property is located on:	(check one) [] Priv	vate [] Public

Please complete the following information about the drilling rig equipment you own.

Drill Collars

Quantity	Size	Length in Feet	Slick	Spiral

Miscellaneous Equipment: Hand tools / Compressors / Welders, etc. Cost Type: Please check appropriate box below Type of Cost with an XX to indicate if this cost is new and installed or a used purchase price reported for each piece of equipment.

Description / Make / Model / Year	Serial #	Quantity	Condition	Reported Year	Year Installed	Reported *Cost	*Type o Check	of Cost One
				Acquired			New Installed	Used Purchased

County Number	Parcel #	Act Number	Personal Prop. Type		DO NOT USE - FOR	ASSESSORS ONLY		
				Date received:		By:		
Name and address of per	rsonal property liste	d here: (please make any	corrections here)	Please indicate location of ¹ / ₄ ¹ / ₄ 1/4 Latitude Type of land this personal	Section Longitude	Township	Range	Public

Please complete the following information about the drilling rig equipment you lease.	NAICS CODE:
Please lists all <mark>leased</mark> equipment and provide owner's name and address. Please list only one location per form. (duplicate form as necessary)	

Owner and Contact Information of leased property	Property Description Make / Model / Size / Serial # / Year	Term (From - To)	Annual Rent

W.S. 39-13-107 (a) (i) Ithe owner of (or agent, etc., and complete list of all property owned by me or under property of which I am the owner of or of which I have have not connived at any violation or evasion of the re to return any taxable property owned by him or under (\$500.00), imprisoned in the county jail not exceeding Type or print your name here:	r my control as agent or otherwise, a e control as agent, guardian, adminis quirements of law in relation to the his control is guilty of a misdemean	and that I have not failed or ne strator or otherwise, in the cou assessment of property for tax	eglec ted to list for taxation for the year, all inty of, State of Wyoming and that I kation. W.S. 18-3-205(b) Any person who fails
Signature of owner/agent		Title	Date
Telephone number	Fax Number	Email:	

State of Wyoming, DRILLING RIG EQUIPMENT PERSONAL PROPERTY—OWNED DECLARATION SCHEDULE Rig Movement Notification Form

Use this form to report drilling rigs moving into, or out of the state of Wyoming, <u>AND</u>, also between counties for proration purposes. If the rig is moving from one location to another, you may show this by completing the information for both rig departure and rig arrival on the same form. Report information should be submitted by mail, e-mail or fax to the appropriate county/counties attached to the declaration form by March 1st. Failure to report complete and accurate information may result in higher taxable values due to "BEST INFORMATION AVAILABLE".

General Information

Report Date:	Rig Owner:				
Rig Name:	Rig Type: Electric Mechanical				
Rig Representative:	Rig Telephone Number:				

<u>Rig Location & Arrival/Departure Information</u>

Log time spent in Wyoming during prior calendar year.

County	Legal Description or Site Address of Property Per Location	Date in/Date out	Well Status	Well Name/API Number

Remarks: