CONFIDENTIAL: (RS 47:2327) FORMS FILED BY A TAXPAYER SHALL BE USED BY THE ASSESSOR, THE GOVERNING AUTHORITY, AND THE LOUISIANA TAX COMMISSION SOLELY FOR THE PURPOSE OF ADMINISTERING THIS STATUTE.

<u>LEGAL CITATION AND INSTRUCTIONS</u>: THIS REPORT SHALL BE FILED WITH THE ASSESSOR OF THE PARISH INDICATED BY APRIL 1ST OR WITHIN 45 DAYS AFTER RECEIPT, WHICHEVER IS LATER, IN ACCORDANCE WITH RS 47:2324.

USE ATTACHMENTS IF NECESSARY

ETURN TO:	<u> </u>			ASSESSMENT NO.:		
CLAIBORNE PARISH ASSESSO 508 EAST MAIN STREET HOMER, LA 71040	R'S OFFICE			Name / Address (Indicate	e any changes):	
PARISH:						
ELD NAME AND CODE NUMBER:	I					
LOCATION:						
SECTIONTOWNSHIPRA	ANGE					
WNER/PERSON TO CONTACT:	Pł	HONE:				
roperty Name:			LAT 12 EII I	NG PASIS (WALL LLIVE FIAID):		
Operator:		LAT 12 FILING		G BASIS (Well, LUW, Field):		
	WELLS	INCLUDED IN	I THIS ASSE	SSMENT		
Well Serial Number	Lease Well Number	Well (Oil,Gas,		LUW Code	Total Depth (In Feet)	
	+					

PERSONAL PROPERTY NOT INCLUDED IN PRODUCTION TRAIN ON LOCATION						
YEAR OF ACQUISITION	ACQUISITION COST	PROPERTY DESCRIPTION		CATEGORY	DEPRECIATION PERCENT GOOD	FAIR MARKET VALUE
					ARKET VALUE:	\$0
				AS	SESSED VALUE:	\$0
	CONSIGNED	GOODS, LEASE, LOANED, OR F	RENTED EQU	IPMENT, FURNITUR	RE, ETC.	
NAME AND ADDRESS		PROPERTY DESCRIPTION	AGE (yrs)	MONTHLY RENTAL	PRESENT SELLING PRICE	FAIR MARKET VALUE
				TOTAL FAIR M	ADVERTAL	ÇQ.
					ARKET VALUE: SESSED VALUE:	\$0 \$0
PENALTIES FOR FAILURE TO FILE THIS FORM INCLUDE WAIVER OF RIGHTS TO APPEAL YOUR ASSESSMENT AND MAY INCLUDE A MONETARY PENALTY (RS 47:1992 & 2330)			NEED ASSISTANCE? AFTER YOU REVIEW THE ENCLOSED TAX FORM AND YOU FEEL YOU NEED ASSISTANCE, PLEASE CALL YOUR ASSESSOR LISTED ABOVE.			
SIGNATURE AND VERIFICATION						
"I declare under the penalties for filing false reports (R.S. 14:125; up to \$500.00 fine or imprisonment for one year or both, plus additional penalties defined in Act 2330B of the 1989 Regular Session) that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return." If this return is prepared by someone other than the taxpayer, authorized officer, or partner, this form must be notarized.						

SIGNATURE OF PREPARER

PRINTED/TYPED NAME OF PREPARER

DATE

DATE

SIGNATURE OF TAXPAYER

PRINTED/TYPED NAME OF TAXPAYER

LAT 12 --- ATTACHMENT A

2024 PRODUCTION, EXPENSE, AND INCOME DATA

	Oil Wells		Gas Wells		
Year/Mo.	BBLS Oil	MCF Gas	MCF Gas	BBLS Condensate	
2022					
2023					
2024 /01					
/02					
/03					
/04					
/05					
/06					
/07					
/08					
/09					
/10					
/11					
/12					

Total Working Interest Decimal:	
Number of Producing Wells	
Average Depth (feet)	
Offshore well(s)? (yes/no)	
Oil Production BBL/Day	
Initial Oil Decline (%)	·
Hyperbolic "b" factor (optional)	
Previous Year Avg Oil Price (\$/bbl)	
Oil Severance %	
Gas Production MCF/Day	
Initial Gas Decline (%)	
Hyperbolic "b" factor (optional)	
Previous Year Avg Gas Price (\$/mcf)	
Gas Severance %	
Direct Annual Operating Expense	
Capital Expense (optional)	

Is casinghead gas being sold?
Is this LUW completely shut-in?

Yes	No