

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

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

-USE ATTACHMENTS IF NECESSARY-

LAT 12

PERSONAL PROPERTY REPORT – OIL AND GAS PROPERTY

YEAR 2021

RETURN TO:		WARD:	ASSESSMENT NO:
		NAME/ADDRESS (INDICATE ANY CHANGES)	
PARISH:	WARD:		
FIELD NAME AND CODE NUMBER			
LOCATION SECTION _____ TOWNSHIP _____ RANGE _____			
OWNER/PERSON TO CONTACT		PHONE	

SHADED AREA FOR ASSESSOR'S OFFICE USE ONLY – USE ATTACHMENTS IF NECESSARY

DESCRIPTION OF ALL PROPERTY OWNED IN WARD – SUBMIT SEPARATE REPORT FOR EACH WARD						
DESCRIPTION OF WELLS AND/OR SURFACE EQUIPMENT BY LEASE	WELL SERIAL NUMBER	LEASE WELL NUMBER	WELL TYPE	ACTIVE LOWER PERF	FAIR MARKET VALUE	ASSESSED VALUE

SUMMARY OF PROPERTY IN WARD AND FIELD					
PROPERTY CLASS	FAIR MARKET VALUE	ASSESSED VALUE	PROPERTY CLASS	FAIR MARKET VALUE	ASSESSED VALUE

LAT 12 ATTACHMENT A – COMPLETE A SEPARATE ATTACHMENT FOR EACH WELL SERIAL NUMBER

SIGNATURE AND VERIFICATION	
I declare under the penalties for filing false reports 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 the return is prepared by other than the taxpayer, his declaration is based on all information relating to the matters required to be reported in the return of which he has knowledge.	
SIGNATURE OF TAXPAYER	DATE
PRINTED/TYPED NAME OF TAXPAYER	

DESCRIPTION OF ALL PROPERTY OWNED IN WARD – SUBMIT SEPARATE REPORT FOR EACH WARD						
DESCRIPTION OF WELLS AND/OR SURFACE EQUIPMENT BY LEASE	WELL SERIAL NUMBER	LEASE WELL NUMBER	WELL TYPE	ACTIVE LOWER PERF	FAIR MARKET VALUE	ASSESSED VALUE

CONSIGNED GOODS, LEASE, LOANED OR RENTED EQUIPMENT, FURNITURE ETC.						
NAME AND ADDRESS	PROPERTY DESCRIPTION	AGE	MONTHLY RENTAL	PRESENT DAY SELLING PRICE	FAIR MARKET VALUE	
<b>TOTAL FAIR MARKET VALUE</b>						
<b>ASSESSED VALUE</b>						

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 YOU ASSESSOR LISTED ABOVE AT 318.744.5291.  THANK YOU
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**SIGNATURE AND VERIFICATION**

"I declare under the penalties for filing false reports (RS 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 the return is prepared by someone other than the taxpayer, authorized officer, or partner, this form must be notarized.

SIGNATURE OF TAXPAYER	SIGNATURE OF PREPARER
DATE	DATE
PRINTED/TYPED NAME OF TAXPAYER	PRINTED/TYPED NAME OF PREPARER

\*Actual age of surface equipment should be reported separately from well serial number, if known.

**LAT 12 --- ATTACHMENT A**

**PRODUCTION DATA**

**WELL SERIAL NUMBER:**

YEAR/MONTH	OIL WELLS		GAS WELLS	
	BBLS OIL	MCF GAS	MCF GAS	BBLS CONDENSATE
2018				
2019				
2020/01				
/02				
/03				
/04				
/05				
/06				
/07				
/08				
/09				
/10				
/11				
/12				

THIS LAT 12 – ATTACHMENT A” MUST BE COMPLETED TO RECEIVE CREDIT FOR FUNCTIONAL AND/OR ECONOMIC OBSOLENSENSE OR SHUT-IN STATUS.

Note: Test data or other evidence from field operations may be used to allocate total lease production on multiple leases.

Is casinghead gas sold?      Yes      No

Is this a well shut-in?      Yes      No