62A384-G (1-19) Commonwealth of Kentucky DEPARTMENT OF REVENUE

NATURAL GAS PROPERTY TAX RETURN

File by April 15 with:

Department of Revenue Station 33 501 High Street Frankfort, Kentucky 40601-2103 (502) 564-8334

Property Assessed January 1, ____

| Name | | | | |
|-------------------|-------|----------|----------------------|-------------------------------|
| Number and Street | | | | Social Security Number |
| City | State | ZIP Code | Telephone Number () | Federal Identification Number |

INSTRUCTIONS: Under Kentucky law (KRS 132.820) each property owner is required to report all taxable property which he or she owns. This includes sub-surface mineral rights which are taxable as an interest in real property. This return is provided for the purpose of reporting developed gas property. Each year all persons, corporations, businesses and partnerships owning, leasing or having knowledge of developed gas properties in the Commonwealth of Kentucky must complete and file this tax return with the Office of Property Valuation by April 15. File a separate return for each developed property per county. If the division of ownership is different for each well on the property, file a separate tax return for each individual well.

DEVELOPED PROPERTY

| Property located in | County, Kentucky. |
|---|-------------------|
| Year of First Production | |
| Lease Number Assigned by Purchaser | |
| Property Name and Well Number | |
| Total Gas Production (January 1–December 31) | (MCFs) |
| Number of Producing Wells | |
| Purchaser Name(s) | |
| Operator's Name | |
| Total Dollar Value of Well Production (Less Severance Tax) \$ | |

Division of Ownership (See Reverse Schedule)

DECLARATION

I declare, under the penalties of perjury, that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return; and that my taxable property has been listed at its fair cash value.

Name of Company

Signature of Preparer

Signature of Producer/Operator

Date

Filings received after April 15 will be subject to applicable penalties.

| 62A384-G | (1- | 19) | |
|----------|-----|-----|--|
| • | | | |

Lease Name: _____

Commonwealth of Kentucky

| Lease | N | umb | er: |
|-------|-----|-----|-------------|
| Lugu | 1.1 | um | UI 8 |

Page: _____

| Owner Name | Social Security No. or FEIN | Owner Address | City | State | Zip Code | Decimal % (0.875) Ownership of Lease | Ownership Type (W, O, R) |
|------------|--------------------------------|---------------|------|-------|----------|---|-----------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

INSTRUCTIONS: The producer/operator or agent thereof is **required** to report (1) the names, SSN/Fein and addresses of the working, royalty, and overriding interest owners associated with the property as of January 1 of the tax year; (2) the **decimal** percentage of ownership for each owner; (3) the type of ownership designated by the letter "W," "R," or "O"; and, if applicable, (4) the annual net income (including delayed payments) per royalty or fee owner.

Note: If the producer/operator owns all interest (working and royalty) in the property, enter "1.00" under the heading Decimal % Ownership and an "A" under Ownership Type. The assessment will be based on the industry standard of .875 working and .125 royalty. *Tax bills will be prepared according to this ownership schedule. Complete the schedule to reflect the desired billing.*