62A384-G (1-25) Commonwealth of Kentucky DEPARTMENT OF REVENUE

Signature of Producer/Operator

NATURAL GAS PROPERTY TAX RETURN

Property Assessed January 1, _____

File by April 15 with:

Department of Revenue

Station 33
501 High Street

Frankfort, Kentucky 40601-2103

(502) 564-8334

| Name | | | | | |
|--|---|---|--|--|--|
| Number and Street | | Social Security Number | | | |
| City | State | ZIP Code | Telephone Number | Federal Identification Number | |
| City | State | Zii Code | () | redefai identification (valider | |
| owns. This includes sub-su of reporting developed gas knowledge of developed gas | orface mineral rigings property. Each as properties in the fill 15. File a sep | hts which are tan the year all persone Commonwe the carate return f | exable as an interest in recons, corporations, busin alth of Kentucky must coreach developed pro | quired to report all taxable property which he or she all property. This return is provided for the purpose esses and partnerships owning, leasing or having omplete and file this tax return with the Office of perty per county. If the division of ownership is well. | |
| DEVELOPED PROD | PERTY | | | | |
| Property located in | | County, Kentucky. | | | |
| Year of First Production | 1 | _ | | | |
| Lease Number Assigned | l by Purchaser_ | | | | |
| Property Name and Wel | l Number | | | | |
| Total Gas Production (J | anuary 1–Decer | mber 31) | | (MCFs) | |
| Number of Producing W | Vells | | | | |
| Purchaser Name(s) | | | | | |
| Operator's Name | | | | | |
| Total Dollar Value of W | Vell Production | (Less Severan | <u>ce Tax</u>) \$ | | |
| Division of Ownership (| See Reverse Sc. | hedule) | | | |
| | | 1 | DECLARATION | | |
| | | t this return (in | cluding any accompanyi | ng schedules and statements) has been examined by arn; and that my taxable property has been listed at | |
| Name of Company | | | Signa | ture of Preparer | |

Date

62A384-G (1-25) Natural Gas Property Division of Interest - Ownership Schedule

| Commonwealth of Kentucky |
|--------------------------|
|--------------------------|

| DEPARTMENT OF REVENUE Lease Number: | Lease Name: | |
|-------------------------------------|-------------|--|
| 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) |
|------------|-----------------------------|---------------|------|-------|----------|---|-----------------------------|
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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.*