DRILLING RIG EQUIPMENT
PERSONAL PROPERTY—OWNED
DECLARATION SCHEDULE

INSTRUCTION SHEET FOR FILING ATD 39

1. 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 taxation 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. **Please list one rig per form. 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 indicate number of units, size, capacity, model, condition and age.**

G. The column titled "Cost" means the reported cost of the equipment and **all** installed costs to put the equipment in operation. Please indicate if this cost is an installed (acquisition) or a replacement cost new 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:_____ 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 _____ Section _____ Township _____ Range _____ Type of land this personal property is located on: (check one) [ ] Private [ ] Public

Please complete the following information about the drilling rig equipment you own. Please sign the reporting rendition on the bottom of page 4 and return the completed form by **March 1.**

NAICS CODE: _____

Contact Person _____ Telephone _____

Rig Name _____ Rig Number/API # _____ Rig Age _____

Stacked Rigs % Complete _____ Capable of Operation [ ] Yes [ ] No Drilling for: [ ] Gas [ ] Oil [ ] CBM

Drawworks Make _____ Model _____ Depth Rating _____ Feet

[ ] Electric [ ] Mechanical Engines Make _____ HP Rating _____

Make _____ HP Rating _____

Top Drive Tons Capacity: _____ Make _____ HP Rating _____

Drill Pipe

Cost Type: Please check appropriate box below **Type of Cost** with an **XX** to indicate whether an installed acquisition cost **or** a replacement cost new is reported for each piece of equipment.

Joints	Feet	Size	Lbs. Per Foot	Grade	New/Used	Cost	Type of Cost	
							Installed	RCN

Tool Pusher Living Quarters or Location

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

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County Number	Parcel #	Act Number	Personal Prop. Type	**DO NOT USE - FOR ASSESSOR USE ONLY** 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 _____ Section _____ Township _____ Range _____ Type of land this personal property is located on: (check one) [ ] Private [ ] Public

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

NAICS CODE: _____

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 whether an installed acquisition cost **or** a replacement cost new book value is reported for each piece of equipment.

Description / Make / Model	Serial #	New/Used	Year Built	Date Acquired	Cost	Type of Cost	
						Installed	RCN

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County Number	Parcel #	Act Number	Personal Prop. Type	**DO NOT USE - FOR ASSESSORS ONLY** 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 _____ Section _____ Township _____ Range _____ Type of land this personal property is located on: (check one) [ ] Private [ ] Public

Please complete the following information about the drilling rig equipment you lease**.**

NAICS CODE: _____

Please lists all leased 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 #**	**Term (From - To)**	**Annual Rent**

W.S. 39-13-107 (a) (i) I...the owner of (or agent, etc., as the case may be) do solemnly swear or affirm that the above and foregoing listed property is a full, true, correct and complete list of all property owned by me or under my control as agent or otherwise, and that I have not failed or neglected to list for taxation for the year _____, all property of which I am the owner of or of which I have control as agent, guardian, administrator or otherwise, in the county of_____, State of Wyoming and that I have not connived at any violation or evasion of the requirements of law in relation to the assessment of property for taxation. W.S. 18-3-205(b) Any person who fails to return any taxable property owned by him or under his control is guilty of a misdemeanor and upon conviction shall be fined not exceeding five hundred dollars ($500.00), imprisoned in the county jail not exceeding ninety (90) days, or both.

Type or print your name here: _____

Signature of owner/agent_____ Title _____Date _____

Telephone number _____ Fax Number _____ Email: _____

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Rig Movement Notification Form

Use this form to report drilling rigs moving into, or out of the state of Wyoming, AND, 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 buy **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:_____

Rig Location & Arrival/Departure Information

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: