

**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 REPORT 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**

RETURN TO:		WARD:	ASSESSMENT NO.
PARISH		WARD:	
FIELD NAME AND CODE NUMBER			
LOCATION SECTION ____ TOWNSHIP ____ RANGE ____			
OWNER/PERSON TO CONTACT		PHONE	
		NAME/ADDRESS (Indicates any Changes)	

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	<input type="checkbox"/>	PROPERTY CLASS	FAIR MARKET VALUE	ASSESSED VALUE
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

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 base on all information relating to the matters required to the 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>					

<p><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 &amp; 2330)</b></p>		<p><b>NEED ASSISTANCE? AFTER YOU REVIEW THE ENCLOSED TAX FORM AND YOU FEEL YOU NEED ASSISTANCE PLEASE CALL YOUR ASSESSOR LISTED ABOVE AT . THANK YOU</b></p>	
<b>SIGNATURE AND VERIFICATION</b>			
<p>“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 the return is prepared by someone other than the taxpayer, authorized officer, or partner, this form must be notarized.”</p>			
<b>SIGNATURE OF TAXPAYER</b>	<b>DATE</b>	<b>SIGNATURE OF PREPARER</b>	<b>DATE</b>
<b>PRINTED/TYPED NAME OF TAXPAYER</b>		<b>PRINTED/TYPED NAME OF PREPARER</b>	

LAT 12 --- ATTACHMENT A

**PRODUCTION DATA**

**WELL SERIAL NUMBER:**

Year/Month	Oil Wells		Gas Wells	
	BBLs. Oil	MCF Gas	MCF Gas	BBLs. Condensate
2007				
2008				
2009/01				
/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 OBSOLESECE OR SHUT-IN STATUS.

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

Is casinghead gas sold?                      Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is this well shut-in?                            Yes \_\_\_\_\_ No \_\_\_\_\_