

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 1ST 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: R. TODD DUGAS, CLA ST. MARTIN PARISH ASSESSOR 415 ST. MARTIN STREET ST. MARTINVILLE, LA 70582		ASSESSMENT NO.:
PARISH: ST. MARTIN WARD:		Name / Address (Indicate any changes):
FIELD NAME AND CODE NUMBER:		
LOCATION: SECTION ____ TOWNSHIP ____ RANGE ____		
OWNER/PERSON TO CONTACT:		PHONE:

Property Name:	LAT 12 FILING BASIS (Well, LUW, Field):
Operator:	

WELLS INCLUDED IN THIS ASSESSMENT

Well Serial Number	Lease Well Number	Well Type (Oil, Gas, Service)	LUW Code	Total Depth (In Feet)

*** If additional lines are required, please attach more pages ***

PERSONAL PROPERTY NOT INCLUDED IN PRODUCTION TRAIN ON LOCATION

YEAR OF ACQUISITION	ACQUISITION COST	PROPERTY DESCRIPTION	CATEGORY	DEPRECIATION	FAIR MARKET VALUE
TOTAL FAIR MARKET VALUE:					
ASSESSED VALUE:					

CONSIGNED GOODS, LEASE, LOANED, OR RENTED EQUIPMENT, FURNITURE, ETC.

NAME AND ADDRESS	PROPERTY DESCRIPTION	AGE	MONTHLY RENTAL	PRESENT SELLING PRICE	FAIR MARKET VALUE
TOTAL FAIR MARKET VALUE:					
ASSESSED VALUE:					

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 YOUR ASSESSOR LISTED ABOVE.

SIGNATURE AND VERIFICATION

"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 this return is prepared by someone other than the taxpayer, authorized officer, or partner, this form must be notarized.

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

LAT 12 --- ATTACHMENT A

PRODUCTION DATA

Year/Month	Oil Wells	
	BBLs Oil	MCF Gas
2020		
2021		
2022/01		
/02		
/03		
/04		
/05		
/06		
/07		
/08		
/09		
/10		
/11		
/12		

Gas Wells	
MCF Gas	BBLs Condensate

Is casinghead gas being sold?
Is this LUW completely shut-in?

Yes	No