

**STATE OF WYOMING, SUBLETTE COUNTY
OIL & GAS FIELD EQUIPMENT
PERSONAL PROPERTY—OWNED
DECLARATION SCHEDULE**

200____

County Number
23

Assessment Date
January 1, 200____

Due Date
March 1, 200____

<p>Name and Mailing Address:</p> 	<p>Indicate location of personal property:</p> <p>¼ _____ ¼ _____ Sec _____ Township _____ Range _____</p> <p>Type of land this personal property is located on: (Check one.) <input type="checkbox"/> Private <input type="checkbox"/> Public</p>
<p>Please return completed form to:</p> <p align="center">SUBLETTE COUNTY P.O. BOX 2057 PINEDALE, WY 82941</p>	<p align="center">DO NOT USE - FOR ASEESSOR USE ONLY</p> <p>Date received: _____ By: _____</p> <p>Local #: _____ RW Acct #: _____</p>

Complete the following information about the oil field equipment that you own. Please list only one location per form. Do not report depreciated costs. Please DO include freight & ALL installation costs.

NAICS CODE: _____

Operator ID#: _____	Contact Person: _____
API #: _____	Unit Name: _____ Group #: _____
Field Name: _____	Basin: _____
Well Type: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> CBM <input type="checkbox"/> Inj	
Well Status: <input type="checkbox"/> Producing <input type="checkbox"/> Shut In <input type="checkbox"/> Permanently Abandoned <input type="checkbox"/> Temporarily Abandoned <input type="checkbox"/> Equipment in place <input type="checkbox"/> Equipment Removed	

Equipment Description: Include all Equipment, GPU's, Wellhead, Tanks, Metering Equipment, Compressors, Flow Lines, Buildings, Furniture & Fixtures.	Model	Units or Footage	Size	Pressure Capacity	Condition	Year Installed	Installed Cost

Form ATD40

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Please list all leased equipment and provide the name and mailing address the owner or leasing company.

Name & Mailing Address of Owner or Leasing Company	Property Description Make / Model / Size / Serial-VIN #	Cost of Leased Property	Condition	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 20____, 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 SUBLETTE, 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 _____ Fax _____ Email: _____