



**GAS ASSESSMENT RENDITION ADDITIONS PAGE**

MUST BE ATTACHED TO GAS ASSESSMENT RENDITION

Schedule 2, Pg 2 (Class 2B) (Rev. 1/24)

County, Kansas

Tax Year 2024

Statement of

Operator ID#

Name of Property

County ID#

KDOR ID#(s)

Well API#(s)

**Section III Itemized Equipment (required)**

Property Name/Model	Property Description	Location	Condition	Year	Series	Mast (ft)	Capacity (lbs)	Guide Value
			(New/Used/Salvage)					

<b>Notation</b>	<b>Total Item Equip Value</b>
	(Copy Total Value to Oil Assess Rend Line 8, Sec VI)

**Certification: I do hereby certify that this schedule contains a full and true list of all personal property owned or held by me subject to personal property taxation under the laws of the State of Kansas pursuant to K.S.A. 79-329 through 79-333.**

**This page must be attached to the gas assessment rendition, which must be dated and signed by owner and tax rendition preparer to be valid.**

Lease Code \_\_\_\_\_ County Code \_\_\_\_\_ Lease Name \_\_\_\_\_