## **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					
NAME/ADDRESS (Indicate any Changes)		RETURN TO: Dr. Regina Webb Assessor For Caddo Parish 501 Texas St. Rm. 102 Shreveport, La. 71101-5411				
		PARISH Caddo	WAF	RD		
		FIELD NAME AND CODE NUMBER				
		LOCATION				
		SECTION	TOWNSHIP	RANGE		
ASSESSMENT NO.	OPERATOR	OWNER/PERSON TO CONTA	CT	PHONE		
PROPERTY NAME		LAT12 FILING BASIS (Well, L	LAT12 FILING BASIS (Well, LUW, Field)			

## 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	AQUISITIO N COST	PROPERTY DESCRIPTION	CATEGORY	DEPRECIATION	FAIR MARKET VALUE

CONSIGNED GOODS, LEASE, LOANED, OR RENTED EQUIPMENT, FURNITURE, ETC.					
NAME AND ADDRESS	PROPERTY DESCRIPTION	AGE	MONTHLY	PRESENT DAY	FAIR MARKET
			RENTAL	SELLING PRICE	VALUE
TOTAL FAIR MARKET VALUE					
ASSESSED VALUE					
NOTE: PENALTIES FOR FAILURE TO FILE THIS FORM INCLUDE WAIVER		NE	<b>NEED ASSISTANCE?</b> AFTER YOU REVIEW THE ENCLOSED TAX		
OF RIGHTS TO APPEAL YOUR ASSESSMENT AND MAY INCLUDE A			FORM AND YOU FEEL YOU NEED ASSISTANCE PLEASE CALL YOUR ASSESSOR LISTED ABOVE		
MONETARY PENALTY. (RS 47:1992 and 2330)				AT 318-226-6719. TH	
I					

"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 Section) 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."

SIGNATURE OF TAXPAYER

DATE

SIGNATURE OF PREPARER

DATE

PRINTED/TYPED NAME OF TAXPAYER

PRINTED/TYPED NAME OF PREPARER