OIL ASSESSMENT RENDITION ADDITIONS PAGE

MUST BE ATTACHED TO OIL ASSESSMENT RENDITION

Schedule 2, Pg 2 (Class 2B) (Rev. 12/21)

_____ **County, Kansas** **Tax Year** _____

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 (New/Used/Salvage)	Year	Series	Mast (ft)	Capacity (lbs)	Guide Value