R-9002-L (12/03)

FORM SEV **G-3**

Gas Severance Tax

State of Louisiana
Department of Revenue
P.O. Box 201
Baton Rouge, LA 70821-0201

MONTHLY INCAPABLE WELL REPORT

File original of this return only.

Certification

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete.

Date

Signature and Title

Telephone ( )

Reporting company name

Revenue Account Number

* Method of producing code
1-Flowing 2-Gas lift 3-Pumping 4-Hydraulic lift

Reporting company address (Street or P.O. Box, city, state, ZIP)

Reporting Company Number

Taxable Period

** Well classification code
1-Oil well 2-Gas well

*** Measurement method codes
1-Metered 2-GOR 3-SOR

Field name Producer name Lease and well name	Cert. code	Conservation well serial no.	Cont. status code	Parish code	Conservation codes				*** Measure-ment method code	* Method of prod. code	** Well class code	Gross production MCF	Net taxable volume MCF	Taxpayer number
					Field	Producer	Lease	Well no.						

This report is due on or before the fifteenth day of the second month following the taxable period and becomes delinquent on the first day thereafter. If the due date falls on a weekend or holiday, the report is due on the next business day and becomes delinquent on the first day thereafter.