



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

NG

For office use only.

Oilfield Restoration Fee Return

Natural Gas Production

Mark here if amended return. Mark here if name or address has changed and correct label.

For the quarter ended: _____

	MCFs	Fee rate per MCF		Amount of fee <small>(Round to the nearest dollar.)</small>																				
1a. Full rate	<table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											x .0030 1b	<table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>00</td></tr> </table>										00
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2a. Incapable oil well gas	<table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											x .0012 2b	<table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>00</td></tr> </table>										00
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3a. Incapable gas well gas	<table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											x .000525	3b	<table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>00</td></tr> </table>										00
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4. Total fees (Add Lines 1b, 2b and 3b.)				<table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>00</td></tr> </table>										00										
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5. Interest (1.25% per month from due date to date of payment)				<table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>00</td></tr> </table>										00										
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6. Delinquent penalty (5% for each 30 days or fraction thereof, not to exceed 25% of Line 5)				<table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>00</td></tr> </table>										00										
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7. Total fees, interest, and penalty due				<table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>00</td></tr> </table>										00										
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Pay this amount.

Make payment to: Louisiana Department of Revenue. **Do not send cash.**

This return is due on or before the 15th 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 return is due the next business day and becomes delinquent the first day thereafter.

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.

Signature _____ Date _____
 Type or print name _____ Telephone _____

5000