



**Oilfield Restoration Fee Return  
Natural Gas Production**

Louisiana Department of Revenue  
**Taxpayer Services Division**  
PO Box 201  
Baton Rouge, LA 70821-0201

**NG**

FOR OFFICE USE ONLY.

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

For the quarter ended \_\_\_\_\_

	MCFs (Thousand Cubic Feet)		Fee rate per MCF		Amount of fee (Round to the nearest dollar.)
1a. Full rate	▶ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	x	.0030.....1b	▶	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
2a. Incapable oil well gas	▶ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	x	.0012.....2b	▶	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
3a. Incapable gas well gas	▶ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	x	.000525..3b	▶	<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
4. Total fees (Add Lines 1b, 2b, and 3b.)	.....4	▶			<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
5. Interest (See instructions.)	.....5				<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
6. Delinquent penalty (5% for each 30 days or fraction thereof, not to exceed 25% of Line 4)	.....6				<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
7. Total fees, interest, and penalty due	.....7				<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

**Pay this amount.** ▶

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

This return is due on or before the 25<sup>th</sup> 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 \_\_\_\_\_



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