

To: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

By signing this document,

- I certify that the attached Well Cost Statement accurately reflects, in all material respects, the costs incurred to complete the well. The recorded costs have been prepared in accordance with Generally Accepted Accounting Principles.
- I acknowledge that this statement is relied upon by the State of Louisiana to determine eligibility for an exemption under La.RS 47:633 or Title 47, Chapter 6 of Louisiana Tax Code.
- I certify that I am independent and have no affiliation with the operator.

Signature of CPA certifying document:

\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

CC: \_\_\_\_\_  
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