CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



James B Rooney Assessor of Amador County 810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

BUYER/TRANSFEREE	RECORDING DATA			
	Date Recorde	ed:		
MAILING ADDRESS	Document Nu	mber:		
	Assessor's Id	entification	Number:	
SELLER/TRANSFEROR		MB	PG	PCL
MAILING ADDRESS	Phone Numbe	rs:		
FIELD LEASE	Buyer: (Seller: ()	Λ	
IMPORTANT NOTICE	Sec:	Twp:		Rng:
The law requires any transferee acquiring an interest in real property or manufac assessed by the county assessor, to file a Change in Ownership Statement with th				,
Statement must be filed at the time of recording or, if the transfer is not recorded, w	vithin 90 days of th	e date of th	e change in o	ownership, except
that where the change in ownership has occurred by reason of death the statement	nt shall be filed wi	thin 150 da	ys after the o	date of death or, if
the estate is probated, shall be filed at the time the inventory and appraisal is filed.	The failure to file	a Change i	in Ownership	Statement within
90 days from the date of a written request by the Assessor results in a penalty of e	ither: (1) one hund	red d <mark>oll</mark> ars	(\$100); or (2)	10 percent of the
taxes applicable to the new base year value reflecting the change in ownership of th	e real property or r	nanu <mark>fa</mark> ctur	ed home, whi	ichever is greater,

if the property is not eligible for the homeowners' exemption if that failure to file was not willful. This penalty will be added to the assessment roll and shall be collected like any other delinquent property taxes, and be subject to the same penalties for nonpayment.

but not to exceed five thousand dollars (\$5,000) if the property is eligible for the homeowners' exemption or twenty thousand dollars (\$20,000)

TRANSFER INFORMATION (Check the appropriate boxes to indicate the method by which you acquired an interest in the property.) Α.

1. 🗌 2. 🗌	Purchase (complete Sections B and C on the reverse side). Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes		Was this transfer solely between husband and wife, addition of a spouse, divorce settlement, etc.? Was this transaction only a correction of the	🗌 Yes	🗌 No	
3. 🗌	possession. Inheritance. Transfer by will or intestate succession. Date of death Relationship to deceased	15.	name(s) of persons or entities holding title to the property? If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?		□ No	
4.	Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal property.		Was this transaction the termination of a joint tenancy interest? Was this transfer between family members or	🗌 Yes	🗌 No	
5.	Merger or stock acquisition.		related businesses?	🗌 Yes	🗌 No	
6.	Partial interest transfer. Was less than 100 percent of the property transferred? If yes , indicate the percentage transferred%.	18.	Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	□ Yes	🗌 No	
7. 🗌	Foreclosure or trustee sale.	19.	Was this document recorded to create, assign, or terminate a lender's interest in this property?	🗌 Yes	🗌 No	
8. 🗌	Gift.	20.	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	☐ Yes	🗌 No	
9.	Life estate.	21.	If the trust is irrevocable, is the transferor or the transferor's spouse the sole present beneficiary?	🗌 Yes	🗌 No	
10.	Reconveyance (pay-off).	22.	Does this property revert to the transferor in 12 years or less? (<i>Clifford Trust</i>)	🗌 Yes	🗌 No	
11. ∟ 12. □	Creation or assignment of a lease: (date) Termination of a lease:	he trust				
	(date)	(Please complete the reverse side.)				

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

EF-502-G-R05-1111-03000355-2 BOE-502-G (P2) REV. 5 (11-11)

B. PROPERTY INFORMATION (Complete each item as it applies to this transaction.)

1.	Seller's name and address: _									
2.	Field name:	Lease name:		Parcel number:						
3.	Date sales agreement or lette	er of intent signed:	Effe	Effective transfer date:						
4.	Closing date:	Recording do	cument: Number:	Date:						
5.	Name, address and phone number of person with purchasing firm who is familiar with the transaction and would be available to answer questions relative to the transaction:									
6.	Name, address, and phone number of any consultants used in connection with the transaction:									
7.	Interest acquired (please rep	ort decimal fractions out of total; e.g., 0.	875 out of 1.000).							
	Revenue interest:									
8.	Number of wells: Producing	Injection	All id	le Other						
9.	Productive acres in the parce	il:	Total acres i	n the parcel:						
10.	Production rates at acquisitio	n: Oilb/d	Gas	mcf/d Water	b/d					
11.	Price received for oil and gas	at acquisition: Oil	\$/	b Gas	\$/mcf					
	Oil gravity:				ft					
		eloped: Oil			mcf					
		eloped: Oil								
14				ablishing a purchase price?						
15.	 most relied upon in establ b. If no, please explain in Se Please enclose a copy of the a. The sales agreement or c agreements. b. A complete listing of all as wells and related equipment 	lishing the purchase price. ection D how the purchase price was de following: contract including all exhibits and amend ssets acquired and liabilities assumed in ent, separately.	termined. Iments thereto, as well the acquisition, if not	analyses. Please identify the analysis or ap as other related agreements or contracts, s included in item 15a. Please list each lease	such as loan					
C.	PURCHASE PRICE OR TRA	npany books of the total acquisition pric INSFER AMOUNT INFORMATION		seller:						
				Interest rate(s):						
		seller, etc.):								
		Fixed plant & equipment:		Aoveable equipment						
D.				ch should be called to the attention of the A						
		CERT	IFICATION							
Part	nership inclusion inclusion dec		cuments, is true, correc	te of California that the foregoing and all inform t and complete to the best of my knowledge ar r.						
	E OF ASSESSEE OR AUTHORIZED AG	GENT (typed or printed)		TITLE						
SIGN	IATURE OF ASSESSEE OR AUTHORIZ	ED AGENT		DATE						
NAME OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUMBER							
PRE	PARER'S NAME AND ADDRESS (typed	or printed)	TITLE							
DAY" (TIME TELEPHONE NUMBER	E-MAIL ADDRESS								
		1								

