EF-502-G-R06-0516-03000155-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

James B Rooney Assessor of Amador County

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

File this statement by:

BUYER/TRANSFEREE			RECORDING DATA	
MAILING	ADDRESS		Date Recorded:	
MAILING	ADDRESS		Document Number:	
SELLER/I	RANSFEROR		Assessor's Identification Number:	
			MB PG	PCL
MAILING	ADDRESS		Phone Numbers:	
			Buyer: ()	
FIELD	LEASE		Seller:	
				ng:
IMPORTANT NOTICE				•
The law requires any transferee acquiring an interest in real property assessed by the county assessor, to file a Change in Ownership Staten				
	ent must be filed at the time of recording or, if the transfer is no			
that wh	ere the change in ownership has occurred by reason of death	the st	tatement shall be filed within 150 days after the d	ate of death or, if
	ate is probated, shall be filed at the time the inventory and app			
	s from the date of a written request by the Assesso <mark>r re</mark> sults in a pplicable to the new base year value reflecting the change in ow			
but not	to exceed five thousand dollars (\$5,000) if the property is eligi	ible for	the homeowners' exemption or twenty thousand	dollars (\$20,000)
	roperty is not eligible for the homeowners' exemption if that fa			the assessment
	I shall be collected like any other delinquent property taxes, an	_		
A. TF	RANSFER INFORMATION (Check the appropriate boxes to indi	icate tl	he method by which you acquired an interest in the	property.)
1.	Purchase (complete Sections B and C on the reverse side).	13.	Was this transfer/addition solely between spouses	
2.	Land Sales Contract. A contract for the purchase of property		or registered domestic partners, divorce settlement,	☐ Yes ☐ No
2	in which the seller retains legal title to it after the buyer takes		etc.?	
	possession.	14.	Was this transaction only a correction of the	
3.	Inheritance Transfer by will exist extent excession		name(s) of persons or entities holding title?	☐ Yes ☐ No
э. Ш	Inheritance. Transfer by will or intestate succession. Date of death	15.	If you hold title to this property as a joint tenant,	
	Relationship to deceased		is the seller or transferor also a joint tenant?	☐ Yes ☐ No
. \Box		16.	Was this transaction the termination of a joint	
4. 🗀	Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal		tenancy interest?	☐ Yes ☐ No
	property.	17	Was this transfer between family members or	
			related businesses?	☐ Yes ☐ No
5. 🗀	Merger or stock acquisition.	10	Was this document recorded to substitute a trustee	
6.	Partial interest transfer. Was less than 100 percent of the	10.	under a deed of trust, mortgage, or other similar	
	property transferred? If yes, indicate the percentage		document?	☐ Yes ☐ No
	transferred %.	10	Was this document recorded to create, assign,	
7.	Foreclosure or trustee sale.	13.	or terminate a lender's interest in this property?	☐ Yes ☐ No
٧. ـــ	Toronosare or trustee sale.	00	, , ,	
8.	Gift.	20.	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	☐ Yes ☐ No
			ii yes, is the trust. 🖂 Nevocable 🗀 iiievocable	
9. 🗀	Life estate.	21.	If the trust is irrevocable, is the transferor or the	□ v ₌ - □
10.	Reconveyance (pay-off).		transferor's spouse or registered domestic	☐ Yes ☐ No
10.	neconveyance (pay-on).		partner the sole present beneficiary?	
11.	Creation or assignment of a lease:	22.	Does this property revert to the transferor in	
	(date)		12 years or less? (Clifford Trust)	☐ Yes ☐ No
12.	Termination of a lease:		If you answered no to 21 or 22, attach a copy of	the trust
	(date)		agreement.	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION (Complete each item as it appl	es to this transaction.)				
1.						
2.	Field name: Lease name	e: Parcel number:				
3.	Date sales agreement or letter of intent signed:	Effective transfer date:				
4.	Closing date: Recor	ding document: Number: Da	ate:			
5.	Name, address and phone number of person with purchasing relative to the transaction:		vailable to answer questions			
6.	Name, address, and phone number of any consultants used in connection with the transaction:					
7.	terest acquired (please report decimal fractions out of total; e.g., 0.875 out of 1.000).					
	Revenue interest: Working interest:	Other working interest owners & percentage of the percentage of th	entages:			
8.		n All idle				
9.	Productive acres in the parcel:	Total acres in the parcel:				
10.	Production rates at acquisition: Oil					
	Price received for oil and gas at acquisition: Oil	\$/b Gas	\$/mcf			
12.	Oil gravity:API Gas:	btu/mcf Average producing depth:	ft			
	Proved reserves: Developed: Oil	bbl Gas	mcf			
	Undeveloped: Oil	bbl Gas	mcf			
14.	Were appraisals, evaluations, cash flow projections or other a	analyses made to assist in establishing a purchase price	? 🗌 Yes 🗌 No			
15.	 a. If yes, please enclose copies of those appraisals, evaluat most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price Please enclose a copy of the following: a. The sales agreement or contract including all exhibits and agreements. b. A complete listing of all assets acquired and liabilities ass wells and related equipment, separately. 	was determined. I amendments thereto, as well as other related agreement	nts or contracts, such as loan			
C.	c. The allocation to your company books of the total acquisition price, by specific items. PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION					
٥.	Terms: Total purchase price:					
	Production and/or conventional loan(s):		nterest rate(s):			
	Source(s) of financing (bank, seller, etc.):		ntoroot rato(o).			
	Purchase price allocated to: Fixed plant & equipment:	Moveable equipment				
D.	REMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of the Assessor.)					
		CERTIFICATION				
Pari Cor		perjury under the laws of the State of California that the foregents or documents, is true, correct and complete to the best of every co-owner and/or partner.				
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	TITLE				
SIGN	ATURE OF ASSESSEE OR AUTHORIZED AGENT	DATE				
NAM	E OF ENTITY (typed or printed)	FEDERAL EMPL	OYER ID NUMBER			
PRE	PARER'S NAME AND ADDRESS (typed or printed)	TITLE				
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS					

