CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Larie Durham Calaveras County Assessor 891 Mountain Ranch Road San Andreas, CA 95249 209.754.6356

BUYER/TRANSFEREE	RECORDING DATA
	Date Recorded:
MAILING ADDRESS	Document Number:
SELLER/TRANSFEROR	Assessor's Identification Number:
SELLER/TRANSPEROR	MB PG PCL
MAILING ADDRESS	Phone Numbers:
	Buyer: ()
FIELD	Seller:
IMPORTANT NOTICE	Sec: Twp:Rng:
	ty or manufactured home subject to local property taxation, and that is
	ement with the County Recorder or Assessor. The Change in Ownership
	ot recorded, within 90 days of the date of the change in ownership, except
	h the statement shall be filed within 150 days after the date of death or, if
	praisal is filed. The failure to file a Change in Ownership Statement within
	a penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the whership of the real property or manufactured home, whichever is greater,
	ible for the homeowners' exemption or twenty thousand dollars (\$20,000)
	a <mark>ilu</mark> re 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	nd be <mark>su</mark> bject to the same penalties for nonpayment.
A. TRANSFER INFORMATION (Check the appropriate boxes to ind	licate the method by which you acquired an interest in the property.)
1. Durchase (complete Sections B and C on the reverse side).	13. Was this transfer solely between husband and wife,
2. Land Sales Contract. A contract for the purchase of property	addition of a spouse, divorce settlement, etc.?
in which the seller retains legal title to it after the buyer takes	14. Was this transaction only a correction of the
possession.	name(s) of persons or entities holding title to
	the property?
3. Inheritance. Transfer by will or intestate succession.	15. If you hold title to this property as a joint tenant,
Date of death	is the seller or transferor also a joint tenant?
Relationship to deceased	

4.	Trade or exchange. The above described	pro	perty has	s be	en	
	traded or exchanged for other real property	or	tangible	per	son	a
	property.					

- 5. Merger or stock acquisition.
- 6. **Partial interest transfer.** Was less than 100 percent of the property transferred? If **yes**, indicate the percentage transferred ______%.
- 7. Foreclosure or trustee sale.
- 8. Gift.

- 9. Life estate.
- 10. Reconveyance (pay-off).

12. Termination of a lease:

11. Creation or assignment of a lease:

	the property?	Yes	🗌 No
15.	If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?	🗌 Yes	🗌 No
16.	Was this transaction the termination of a joint tenancy interest?	🗌 Yes	🗌 No
17.	Was this transfer between family members or related businesses?	🗌 Yes	🗌 No
18.	Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	Service Yes	🗌 No
19.	Was this document recorded to create, assign, or terminate a lender's interest in this property?	🗌 Yes	🗌 No
20.	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	☐ Yes	🗌 No
21.	If the trust is irrevocable, is the transferor or the transferor's spouse the sole present beneficiary?	🗌 Yes	🗌 No
22.	Does this property revert to the transferor in 12 years or less? (<i>Clifford Trust</i>)	🗌 Yes	🗌 No

If you answered no to 21 or 22, attach a copy of the trust agreement.

(Please complete the reverse side.)

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)

EF-502-G-R05-1111-05000379-2 BOE-502-G (P2) REV. 5 (11-11)

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

1.	Seller's name and address: _					
2.	Field name:	ne: Parcel number: Parcel number:		:		
3.	Date sales agreement or lette	er of intent signed:	Effective transfer date:			
4.	Closing date:	Recording docun	nent: 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	5 out of 1.000).			
	Revenue interest: Working interest: Other working interest owners & percentages:					
8.	Number of wells: Producing	Injection	All idle			
	Productive acres in the parce		Total acres in the parcel:			
10.	Production rates at acquisitio		smcf/d Wate	rb/d		
	Price received for oil and gas		\$/b_ Gas			
12.	Oil gravity:	API Gas:	btu/mcf Average producing depth	ft ft		
	Proved reserves: Deve		bbl Gas	mcf		
	Undeve	eloped: Oil	bbl Gas	mcf		
14.	Were appraisals, evaluations	, cash flow projec <mark>tio</mark> ns or other analyses m	ade to assist in establishing a purchase pr	ice? 🗌 Yes 🗌 No		
		pies of those appraisals, evaluations, cash lishing the purchase price.	flow projections or analyses. Please identi	iy the analysis or appraisal		
	b. If no , please explain in Se	ection D how the purchase price was deter	nined.			
15.	Please enclose a copy of the	following:				
	 The sales agreement or c agreements. 	contract including all exhibits and amendme	ints thereto, as well as other related agree	nents or contracts, such as loan		
	 A complete listing of all assets acquired and liabilities assumed in the acquisition, if not included in item 15a. Please list each lease, includir wells and related equipment, separately. 					
~	· · · · ·	npany books of the total acquisition price, b	by specific items.			
C.		ANSFER AMOUNT INFORMATION				
		nal loan(s):				
		seller, etc.):				
_		Fixed plant & equipment:				
D.	REMARKS (Please include b	pelow any addition <mark>al</mark> information about the	sale or transfer which should be called to the	ie attention of the Assessor.)		
		CERTIFI	CATION			
	OWNERSHIP TYPE prietorship	rtify (or declare) under penalty of perjury unde	er the laws of the State of California that the fo	regoing and all information hereon,		
Part	nership 🗌 incl	uding any accompanying statements or docur	· · ·	st of my knowledge and belief. This		
Othe		claration is binding on each and every co-o	wner and/or partner.			
	E OF ASSESSEE OR AUTHORIZED AG	GENT (typed or printed)	TITLE			
SIGN	IATURE OF ASSESSEE OR AUTHORIZ	ED AGENT	DATE			
NAM	E OF ENTITY (typed or printed)		FEDERAL EI	MPLOYER ID NUMBER		
PREI	PARER'S NAME AND ADDRESS (typed	or printed)	TITLE			
DAY	TIME TELEPHONE NUMBER	E-MAIL ADDRESS				
()					
		*				

