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

Yes No

🗌 Yes 🗌 No

Yes No

🗌 Yes 🗌 No

BUYER/TRANSFEREE		RECORDING DATA
		Date Recorded:
MAILING	ADDRESS	Document Number:
051150	T0.4.0055000	Assessor's Identification Number:
SELLER/	TRANSFEROR	MB PG PCL
MAILING	ADDRESS	Phone Numbers:
		Buyer: ()
FIELD	LEASE	
		Seller:
IMPO		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 In the statement shall be filed within 150 days after the date of death or, if
		raisal 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
		vnership of the real property or manufactured home, whichever is greater,
		ble for the homeowners' exemption or twenty thousand dollars (\$20,000) ilure to file was not willful. This penalty will be added to the assessment
	d shall be collected like any other delinquent property taxes, an	
A. TI	RANSFER INFORMATION (Check the appropriate boxes to indi	icate the 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
۰ L		or registered domestic partners, divorce settlement,
2.	Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes	etc.?
	possession.	14. Was this transaction only a correction of the
_		name(s) of persons or entities holding title?
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? \Box Yes \Box No
	Relationship to deceased	
4.	.	16. Was this transaction the termination of a joint tenancy interest?
	traded or exchanged for other real property or tangible personal	tenancy interest?
	property.	17. Was this transfer between family members or
5.	Merger or stock acquisition.	related businesses?
		18. Was this document recorded to substitute a trustee
6.	Partial interest transfer. Was less than 100 percent of the	under a deed of trust, mortgage, or other similar
	property transferred? If yes, indicate the percentage	document?
	transferred %.	19. Was this document recorded to create, assign,

- 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:

(date)

(date)

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agreement.

or terminate a lender's interest in this property?

If **yes**, is the trust: Revocable Irrevocable

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

20. Has this property been transferred to a trust?

21. If the trust is irrevocable, is the transferor or the

transferor's spouse or registered domestic

partner the sole present beneficiary? 22. Does this property revert to the transferor in

12 years or less? (Clifford Trust)



EF-502-G-R06-0516-05000327-2 BOE-502-G (P2) REV. 6 (05-16)

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 letter of	intent signed:	Effective	Effective transfer date:					
4.	Closing date:	Recording docum	ient: 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 numb	per of any consultants used in connection	on with the transaction:						
7.	Interest acquired (please report decimal fractions out of total; e.g., 0.875 out of 1.000). Revenue interest: Working interest: Other working interest owners & percentages:								
8.	Number of wells: Producing	Injection	All idle	Other					
9.	Productive acres in the parcel:		Total acres in the	parcel:					
10.	Production rates at acquisition:	Oilb/d Gas	s	mcf/d Waterb/d					
	Price received for oil and gas at a		\$/b G	Gas\$/mcf					
12.	Oil gravity:	API Gas:	btu/mcf Averag	e producing depth:ft					
	Proved reserves: Develope			as mcf					
	Undevelope		bbl Ga	asmcf					
14.				ning a purchase price?					
15.	 a. If yes, please enclose copies of those appraisals, evaluations, cash flow projections or analyses. Please identify the analysis or appraisal most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price was determined. 5. Please enclose a copy of the following: a. The sales agreement or contract including all exhibits and amendments thereto, as well as other related agreements or contracts, such as loan agreements. b. A complete listing of all assets acquired and liabilities assumed in the acquisition, if not included in item 15a. Please list each lease, including wells and related equipment, separately. 								
C.	c. The allocation to your company books of the total acquisition price, by specific items. PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION Terms: Total purchase price: Cash to seller:								
				Interest rate(s):					
	Source(s) of financing (bank, sell		(inouni(o).						
			Movo	able equipment					
D.	Purchase price allocated to: Fixed plant & equipment: Moveable equipment REMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of the Assessor.)								
		CERTIFIC	CATION						
Prop Part	nership including	(or declare) under penalty of perjury under	r the laws of the State of (nents, is true, correct and	California that the foregoing and all information hereon, complete to the best of my knowledge and belief. This					
	E OF ASSESSEE OR AUTHORIZED AGENT	(typed or printed)		TITLE					
SIGN	ATURE OF ASSESSEE OR AUTHORIZED A	GENT		DATE					
NAMI	E OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUMBER					
PREF	PARER'S NAME AND ADDRESS (typed or pri	inted)		TITLE					
	IME TELEPHONE NUMBER E-M	IAILADDRESS		1					

