EF-502-G-R06-0516-05000187-1 BOE-502-G (P1) REV. 6 (05-16)

## **CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY**

**Calaveras County Assessor** 891 Mountain Ranch Road San Andreas, CA 95249

**Larie Durham** 

209.754.6356

File this statement by:

BUYER/TRANSFEREE	RECORDING DATA
	Date Recorded:
MAILING ADDRESS	Document Number:
	Assessor's Identification Number:
SELLER/TRANSFEROR	MB PG PCL
	Phone Numbers:
MAILING ADDRESS	
FIELD LEASE	Buyer:
	Seller
IMPORTANT NOTICE	Sec: Twp: Rng:
	y or manufactured home subject to local property taxation, and that is
	ment with the County Recorder or Assessor. The Change in Ownership
Statement must be filed at the time of recording or, if the transfer is no	t recorded, within 90 days of the date of the change in ownership, except
	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
	penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the
taxes applicable to the new base year value reflecting the change in ow	nership of the real property or manufactured home, whichever is greater,
	ble for the homeowners' exemption or twenty thousand dollars (\$20,000)
roll and shall be collected like any other delinquent property taxes, an	l <mark>u</mark> re to file was not wi <mark>llf</mark> ul. This pe <mark>na</mark> lty will be add <mark>ed</mark> to the assessment d be subject to the same penalties for nonpayment.
A. TRANSFER INFORMATION (Check the appropriate boxes to indi	
1. Purchase (complete Sections B and C on the reverse side).	13. Was this transfer/addition solely between spouses
	or registered domestic partners, divorce settlement, $\square$ Yes $\square$ No
<ol> <li>Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes</li> </ol>	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.  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? $\ \square$ Yes $\ \square$ No
	16. Was this transaction the termination of a joint
4. Trade or exchange. The above described property has been	tenancy interest?
traded or exchanged for other real property or tangible personal property.	17. Was this transfer between family members or
	related businesses?
5. Merger or stock acquisition.	
6. Partial interest transfer. Was less than 100 percent of the	18. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar
property transferred? If <b>yes</b> , indicate the percentage	document?
transferred%.	
- D	19. Was this document recorded to create, assign, or terminate a lender's interest in this property? ☐ Yes ☐ No
7. L Foreclosure or trustee sale.	
8. Gift.	20. Has this property been transferred to a trust?
· = •···	If <b>yes</b> , is the trust: Revocable Irrevocable
9. Life estate.	21. If the trust is irrevocable, is the transferor or the
🗆 -	transferor's spouse or registered domestic Yes No
10. Reconveyance (pay-off).	partner the sole present beneficiary?
44 Creation on assignment of a large	22. Does this property revert to the transferor in
11. Creation or assignment of a lease:	12 years or less? (Clifford Trust) Yes No
12. Termination of a lease:	, ,
12. LI TETTITITALION OF A TEASE.	If you answered no to 21 or 22, attach a copy of the trust

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

agreement.

(date)



B.	PROPERTY INFORMATION (Complete each item as it appl	es 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 transfer date:	
4.	Closing date: Recor	ding document: Number: Date:	
5.	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	n connection with the transaction:	
7.	Interest acquired (please report decimal fractions out of totals	e.a., 0.875 out of 1.000).	
		Other working interest owners & percentages:	
8.	Number of wells: Producing Injection	n All idle Other	
		Total acres in the parcel:	
10.		b/d Gasb/d	
	Price received for oil and gas at acquisition: Oil	\$/b Gas \$/mcf	
	Oil gravity: API Gas:	btu/mcf Average producing depth:ft	
	Proved reserves: Developed: Oil		
	Undeveloped: Oil		
14.		analyses made to assist in establishing a purchase price?	
		ons, cash flow projections or analyses. Please identify the analysis or appraisal	
15.	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 $% \left\{ 1,2,\ldots ,n\right\}$	
	agreements.		
	<ul> <li>A complete listing of all assets acquired and liabilities ass wells and related equipment, separately.</li> </ul>	umed in the acquisition, if not included in item 15a. Please list each lease, including	
	c. The allocation to your company books of the total acquisi	ion price, by specific items.	
C.	PURCHASE PRICE OR TRANSFER AMOUNT INFORMATI	ON	
	Terms: Total purchase price:	Cash to seller:	
	Production and/or conventional loan(s):	Amount(s): Interest rate(s):	
	Source(s) of financing (bank, seller, etc.):		
	Purchase price allocated to: Fixed plant & equipment:	Moveable equipment	
D.	REMARKS (Please include below any additional information	about the sale or tran <mark>sfer which s</mark> hould be called to the attention of the Assessor.)	
		CERTIFICATION	
Par	including any accompanying statement declaration is binding on each and	nerjury under the laws of the State of California that the foregoing and all information hereon, ats or documents, is true, correct and complete to the best of my knowledge and belief. <b>This</b> every co-owner and/or partner.	
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	TITLE	
SIGN	IATURE OF ASSESSEE OR AUTHORIZED AGENT	DATE	
NIANA	E OF ENTITY (hand as printed)	FEDERAL EMPLOYED ID MUMDER	
NAM	E 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		

