CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Bob Buckner Colusa County Assessor 547 Market St., Suite 101 Colusa, CA 95932 (530) 458-0450

BUYER/TR	ANSFEREE	RECORDING DATA
MAILING A	DDRESS	Date Recorded: Document Number:
SELLER/TF	RANSFEROR	Assessor's Identification Number: MB PG PCL
MAILING A	DDRESS	Phone Numbers:
FIELD	LEASE	Buyer: () Seller: ()
The law assesse Stateme that who the esta 90 days taxes ap but not	ed by the county assessor, to file a Change in Ownership State ont must be filed at the time of recording or, if the transfer is no ere the change in ownership has occurred by reason of death te is probated, shall be filed at the time the inventory and appu- from the date of a written request by the Assessor results in a oplicable to the new base year value reflecting the change in ow to exceed five thousand dollars (\$5,000) if the property is eligi	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 of recorded, within 90 days of the date of the change in ownership, excep in the statement shall be filed within 150 days after the date of death or, is irraisal 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
roll and	shall be collected like any other delinquent property taxes, an	ilure to file was not willful. This penalty will be added to the assessmen ad be subject to the same penalties for nonpayment. licate the method by which you acquired an interest in the property.)
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 possession.	 13. Was this transfer/addition solely between spouses or registered domestic partners, divorce settlement, Yes No. etc.? 14. Was this transaction only a correction of the Uter Data to the Uter
3. 🗌	Inheritance. Transfer by will or intestate succession. Date of death Relationship to deceased	name(s) of persons or entities holding title? 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
4. 🗌	Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal	16. Was this transaction the termination of a joint tenancy interest?
5. 🗌	property. Merger or stock acquisition.	17. Was this transfer between family members or related businesses?
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?
7. 🗌	Foreclosure or trustee sale.	19. Was this document recorded to create, assign, or terminate a lender's interest in this property?
8. 🗌	Gift.	20. Has this property been transferred to a trust? Yes No If yes , 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

10. Reconveyance (pay-off).

12. Termination of a lease:

11.	Creation or assignment of a lease:

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

🗌 Yes 🗌 No

partner the sole present beneficiary?

12 years or less? (Clifford Trust)

22. Does this property revert to the transferor in

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)

EF-502-G-R06-0516-06000093-2 BOE-502-G (P2) REV. 6 (05-16)

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

3. D 4. C	Date sales agreement or letter of intent si	igned:	Parcel number: _ Effective transfer date:				
4. C	Closing date:	•	Effective transfer date:				
	•						
	•	Recording document: Numbe	r: Date:				
		•	h the transaction and would be available to answer questions				
6. N	Name, address, and phone number of any consultants used in connection with the transaction:						
7. Ir	nterest acquired (please report decimal fi	fractions out of total; e.g., 0.875 out of 1.000)).				
			r working interest owners & percentages:				
8. N	lumber of wells: Producing		All idle Other				
	Productive acres in the parcel:		acres in the parcel:				
10. P	roduction rates at acqui <mark>siti</mark> on: Oil	b/d Gas	mcf/d Waterb/d				
	rice received for oil an <mark>d g</mark> as at ac <mark>qu</mark> isitic		\$/b_ Gas\$/mcf				
12. O	Dil gravity: A	NPI Gas: btu/m	cf Average producing depth: ft				
		il	bbl Gasmcf				
	Undeveloped: Oi	il	bbl Gasmcf				
14. W			in establishing a purchase price? 🔲 Yes 🔲 No				
b. 15. Pl a. b. c. C. P l Te	 most relied upon in establishing the puicture. If no, please explain in Section D how please enclose a copy of the following: The sales agreement or contract incluing agreements. A complete listing of all assets acquire wells and related equipment, separate the allocation to your company books purchase price OR TRANSFER AM terms: Total purchase price: 	urchase price. y the purchase price was determined. adding all exhibits and amendments thereto, a ed and liabilities assumed in the acquisition, ely. s of the total acquisition price, by specific ite IOUNT INFORMATION	ash to seller:				
P	roduction and/or conventional loan(s): _	Amount(s): _	Interest rate(s):				
S	ource(s) of financing (bank, seller, etc.):						
	Purchase price allocated to: Fixed plant EMARKS (<i>Please include below any ad</i>		Moveable equipment				
		CERTIFICATION					
	rship including any acc ration declaration is but	re) under penalty of perjury under the laws of t	he State of California that the foregoing and all information hereon, correct and complete to the best of my knowledge and belief. This partner.				
	DF ASSESSEE OR AUTHORIZED AGENT (typed or p	printed)	TITLE				
SIGNATU	URE OF ASSESSEE OR AUTHORIZED AGENT	DATE					
NAME O	OF ENTITY (typed or printed)	FEDERAL EMPLOYER ID NUMBER					
PREPAR	RER'S NAME AND ADDRESS (typed or printed)	TITLE					
DAYTIME (E TELEPHONE NUMBER E-MAIL ADDRI	ESS					

