CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Gus Kramer County Assessor 2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

BUYER/TRANSFEREE	RECORDING DATA
	Date Recorded:
MAILING ADDRESS	Document Number:
SELLER/TRANSFEROR	Assessor's Identification Number:
SELLER/TRAINSFEROR	MB PG PCL
MAILING ADDRESS	Phone Numbers:
	Buyer: ()
FIELD LEASE	Seller:
IMPORTANT NOTICE	Sec: Twp: Rng:
	perty or manufactured home subject to local property taxation, and that is
	tatement with the County Recorder or Assessor. The Change in Ownership
Statement must be filed at the time of recording or, if the transfer is	not recorded, within 90 days of the date of the change in ownership, except
	ath the statement shall be filed within 150 days after the date of death or, if
	uppraisal is filed. The failure to file a Change in Ownership Statement within in a penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the
	ownership of the real property or manufactured home, whichever is greater,
but not to exceed five thousand dollars (\$5,000) if the property is e	ligible for the homeowners' exemption or twenty thousand dollars (\$20,000)
	t failure to file was not willful. This penalty will be added to the assessment
roll and shall be collected like any other delinquent property taxes, A. TRANSFER INFORMATION (Check the appropriate boxes to i	indicate 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
2. Land Sales Contract. A contract for the purchase of property	or registered domestic partners, divorce settlement, Yes No etc.?
in which the seller retains legal title to it after the buyer takes	
possession.	14. Was this transaction only a correction of the
3. Inheritance. Transfer by will or intestate succession.	name(s) of persons or entities holding title?
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?
	16. Was this transaction the termination of a joint
4. U Trade or exchange. The above described property has been	tenancy interest?

tenancy interest?

document?

related businesses?

Was this transfer between family members or

18. Was this document recorded to substitute a trustee

under a deed of trust, mortgage, or other similar

4.	Trade or exchange. The above described	pro	perty has	s be	en	
	traded or exchanged for other real property	or	tangible	per	sona	2
	property.					

- 5. Merger or stock acquisition.
- 6. Derived 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:

		(date)

	If you answered no to 21 or 22, attach a copy of the agreement.	he trust	
22.	Does this property revert to the transferor in 12 years or less? (<i>Clifford Trust</i>)	🗌 Yes	🗌 No
21.	If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic partner the sole present beneficiary?	Yes	🗌 No
20.	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	☐ Yes	🗌 No
19.	Was this document recorded to create, assign, or terminate a lender's interest in this property?	□ Yes	🗌 No

Yes No

🗌 Yes 🗌 No

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



EF-502-G-R06-0516-07000130-2 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 transfer date:			
4.	Closing date:	Recording document: Number:	Date:			
	. 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 cor	nsultants used in connection with the tra	nsaction:			
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 a	cres in the parcel:			
10.	Production rates at acquisition: Oil	b/d Gas	mcf/d Waterb/d			
11.	Price received for oil and gas at acquisition:	Oil	\$/b Gas \$/mcf			
12.	Oil gravity: API	Gas: btu/mo	f Average producing depth: ft			
14.			n establishing a purchase price?			
	 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 					
C.	wells and related equipment, separately. c. The allocation to your company books of th PURCHASE PRICE OR TRANSFER AMOUN Terms: Total purchase price:	e total acquisition price, by specific iten T INFORMATION				
			Interest rate(s):			
D.	Source(s) of financing <i>(bank, seller, etc.)</i> : Purchase price allocated to: Fixed plant & eq	juipment:	Moveable equipment which should be called to the attention of the Assessor.)			
		CERTIFICATION				
Prop Part	including any accompany poration declaration is binding		e State of California that the foregoing and all information hereon, orrect and complete to the best of my knowledge and belief. This artner.			
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)		TITLE			
SIGN	IATURE OF ASSESSEE OR AUTHORIZED AGENT		DATE			
NAME OF ENTITY (typed or printed) FEDERAL EMPLOYER ID NUMBER			FEDERAL EMPLOYER ID NUMBER			
PREI	PARER'S NAME AND ADDRESS (typed or printed)		TITLE			
DAYT	TIME TELEPHONE NUMBER E-MAIL ADDRESS					

