EF-502-G-R06-0516-07000051-1 BOE-502-G (P1) REV. 6 (05-16)

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
MAILING	ADDRESS	Date Recorded: Document Number:
SELLER	TRANSFEROR	Assessor's Identification Number: MB PG PCL
MAILING	ADDRESS	Phone Numbers:
FIELD	LEASE	Buyer: (Seller:
IMP	ORTANT NOTICE	Sec: Twp: Rng:
assess Staten that w the est 90 day taxes a but no if the p	sed by the county assessor, to file a Change in Ownership State nent must be filed at the time of recording or, if the transfer is not here the change in ownership has occurred by reason of death tate is probated, shall be filed at the time the inventory and appears from the date of a written request by the Assessor results in a applicable to the new base year value reflecting the change in own to exceed five thousand dollars (\$5,000) if the property is eligit	rty or manufactured home subject to local property taxation, and that is tement with the County Recorder or Assessor. The Change in Ownership ot recorded, within 90 days of the date of the change in ownership, except he 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 wnership of the real property or manufactured home, whichever is greater, gible for the homeowners' exemption or twenty thousand dollars (\$20,000) allure to file was not willful. This penalty will be added to the assessment and be subject to the same penalties for nonpayment.
A. T	RANSFER INFORMATION (Check the appropriate boxes to ind	dicate the method by which you acquired an interest in the property.)
1.	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	13. Was this transfer/addition solely between spouses or registered domestic partners, divorce settlement, Yes No 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 Relationship to deceased	15. If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?
4.	Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal property.	16. Was this transaction the termination of a joint tenancy interest? Yes No
5.	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? Yes No
7.	Foreclosure or trustee sale.	19. Was this document recorded to create, assign, or terminate a lender's interest in this property? Yes No
8.	Gift.	20. Has this property been transferred to a trust?
9. \square	Life estate. Reconveyance (pay-off).	21. If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic Yes No partner the sole present beneficiary?
11.	Creation or assignment of a lease:	22. Does this property revert to the transferor in 12 years or less? (Clifford Trust) Yes No
12.	Termination of a lease:	If you answered no to 21 or 22, attach a copy of the trust

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

agreement.



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В.	PROPERTY INFORMATION (Complete each item as it appl	lies to this transaction.)	
1.	Seller's name and address:		
2.	Field name: Lease name	e: Parcel number:	
3.	Date sales agreement or letter of intent signed:	Effective transfer date:	
4.	Closing date: Recor	rding document: Number: Date:	
5.	Name, address and phone number of person with purchasing relative to the transaction:	g firm who is familiar with the transaction and would be available to answer	questions
6.	Name, address, and phone number of any consultants used	in connection 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 Injectio	on All idle Other	
9.	Productive acres in the parcel:	Total acres in the parcel:	
10.	Production rates at acquisition: Oil		b/d
	Price received for oil and gas at acquisition: Oil	\$/b Gas	\$/mcf
	Oil gravity:API Gas:		ft
	Proved reserves: Developed: Oil	bbl Gas	mcf
	Undeveloped: Oil —		mcf
14.		analyses made to assist in establishing a purchase price?	
15. C .	most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price. Please enclose a copy of the following: a. The sales agreement or contract including all exhibits and agreements. b. A complete listing of all assets acquired and liabilities ass wells and related equipment, separately. c. The allocation to your company books of the total acquisite purchase price or transfer amount information. Terms: Total purchase price:	d amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such as the second of the s	ich as Ioan
	. ,	Amount(s): Interest rate(s):	
	Source(s) of financing (bank, seller, etc.):		
D.	Purchase price allocated to: Fixed plant & equipment:	Moveable equipmentabout the sale or transfer which should be called to the attention of the Ass	essor.)
		CERTIFICATION	
Pari Cor Oth	nership including any accompanying statement declaration is binding on each and er		
NAM	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	TITLE	
SIGN	ATURE OF ASSESSEE OR AUTHORIZED AGENT	DATE	
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		

