EF-502-G-R06-0516-08000514-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

County of Del Norte 981 H Street, Suite 120

Jennifer Perry, Assessor

Crescent City, CA 95531 Telephone: (707) 464-7200

File this statement by:

BULLER/TRANSFEROR Date Recorded: Document Number: Assessor's Identification Number: MB		
Document Number: Assessor's Identification Number: MB PG PCL MALINFA ADDRESS Phone Numbers: Buyer:	BUYER/TRANSFEREE	RECORDING DATA
SELECTRANSFEROR Section Sectio	MAILING ADDRESS	
MALINING ADDRESS Phone Numbers: Phone Numbers: Buyer.		
MILINGADDRESS Phone Numbers: Buyer:	SELLER/TRANSFEROR	
IMPORTANT NOTICE The law requires any transfere acquiring an interest in real property or manufactured home subject to local property taxation, and that is assessed by the county assessor, to the a Charge in Ownership Statement with the County Recorder or Assessor. The Charge in Ownership Statement must be filled at the time of recording or, if the transfer is not recorded, within 90 days of the date of the change in ownership has occurred by reason of death the statement shall be filled within 150 days after the date of death or, the thange in ownership has occurred by reason of death the statement shall be filled within 150 days after the date of death or, the thange in ownership has occurred by reason of death the statement shall be filled within 150 days after the date of death or, the thange in ownership of the transfer is not recorded, within 90 days from the date of a written request by the Assessor results in a penalty of titler (a) on hundred dailars (\$20,000) if the property is cligible for the homewore exception of the property is one to the fill have been really one of the property is one of the		
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THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



B.	PROPERTY INFORMATION (Complete each item as it applies to this transaction.)				
1.	Seller's name and address:				
	Field name: Lease name				
3.	Date sales agreement or letter of intent signed:	Effective transfe	r date:		
4.	Closing date: Record	ling 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 question relative to the transaction:				
6.	Name, address, and phone number of any consultants used in	n 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:		wners & percentages:		
8.	Number of wells: Producing Injection	All idle	Other		
9.	Productive acres in the parcel:	Total acres in the parcel:			
10.			cf/d Waterb/d		
	Price received for oil and gas at acquisition: Oil	\$/b Gas			
12.	Oil gravity:API Gas:	btu/mcf Average produ	cing depth:ft		
	Proved reserves: Developed: Oil		mcf		
	Undeveloped: Oil	bbl Gas	mcf		
14.	Were appraisals, evaluations, cash flow projections or other a				
15.	 a. If yes, please enclose copies of those appraisals, evaluation 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: 		ease identify the analysis or appraisal		
	 a. The sales agreement or contract including all exhibits and amendments thereto, as well as other related agreements or contracts, such as lo agreements. 				
	 b. A complete listing of all assets acquired and liabilities assisted wells and related equipment, separately. 	med in the acquisition, if not included in it	em 15a. Please list each lease, including		
	c. The allocation to your company books of the total acquisit	on price, by specific items.			
C.	PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION				
	Terms: Total purchase price:	Cash to seller:			
	Production and/or conventional loan(s):		Interest rate(s):		
	Source(s) of financing (bank, seller, etc.):				
	Purchase price allocated to: Fixed plant & equipment:	Moveable eq	•		
D.	D. REMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of the Assessor.)				
		OFFICIALION			
_		CERTIFICATION			
Par	nership including any accompanying statemen declaration is binding on each and declara	ts or documents, is true, correct and complet	a that the foregoing and all information hereon, te 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 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		I		
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