CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Sendy Perez Glenn County Assessor/Clerk/Recorder 516 W. SYCAMORE ST., 2ND FLOOR WILLOWS, CA 95988 Phone: (530) 934-6402 FAX: (530) 934-6571

BUYER/TRANSFEREE	RECORDING DATA				
	Date Recorded:				
MAILING ADDRESS	Document Number:				
	Assessor's Identification Number:				
SELLER/TRANSFEROR	MB PG PCL				
MAILING ADDRESS	Phone Numbers:				
	Buyer: ()				
FIELD	Seller:				
IMPORTANT NOTICE	Sec: Twp: Rng:				
The law requires any transferee acquiring an interest in real property or manufactu assessed by the county assessor, to file a Change in Ownership Statement with the					
Statement must be filed at the time of recording or, if the transfer is not recorded, with	hin 90 days of the date of the change in ownership, except				
that where the change in ownership has occurred by reason of death the statement	2				
the estate is probated, shall be filed at the time the inventory and appraisal is filed. T					
90 days from the date of a written request by the Assessor results in a penalty of eith	ier: (1) one hundred d <mark>oll</mark> ars (\$100); or (2) 10 percent of the				
taxes applicable to the new base year value reflecting the change in ownership of the r	rea <mark>l p</mark> rop <mark>er</mark> ty or manu <mark>fac</mark> tured home, whichever is greater,				
but not to exceed five thousand dollars (\$5,000) if the property is eligible for the hom	eowners' exemption or twenty thousand dollars (\$20,000)				
if the property is not eligible for the homeowners' exemption if that 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, and be subject to the same penalties for nonpayment.

A. TRANSFER INFORMATION (Check the appropriate boxes to indicate the method by which you acquired an interest in the property.)

	_	(date)		agreement.	ne u ust	
12.		(date)		If you answered no to 21 or 22, attach a copy of the tru		
11.		Creation or assignment of a lease:	22.	Does this property revert to the transferor in 12 years or less? (<i>Clifford Trust</i>)	🗌 Yes	🗌 No
10.		Reconveyance (pay-off).		transferor's spouse or registered domestic partner the sole present beneficiary?	∐ Yes	L No
9.		Life estate.	21.	If the trust is irrevocable, is the transferor or the	_	_
8.		Gift.	20.	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	🗌 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
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
5.		property. Merger or stock acquisition.		Was this transfer between family members or related businesses?	🗌 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 ternancy interest?	Yes	🗌 No
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?	Yes	🗌 No
2.		Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes possession.	14.	etc.? Was this transaction only a correction of the name(s) of persons or entities holding title?	□ Yes	🗌 No
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,	🗌 Yes	🗌 No

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

EF-502-G-R06-0516-11000257-2 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.	3. Date sales agreement or letter of intent signed:			Effective transfer date:					
4.	Closing date:	Recording doo	cument: Number:	Date:					
5.		umber of person with purchasing firm wh		the transaction and would be available to answer qu	estions				
6.	Name, address, and phone r	number of any consultants used in conne	ection with the trar	nsaction:					
7.		ort decimal fractions out of total; e.g., 0 Working interest:		working interest owners & percentages:					
8.	Number of wells: Producing	Injection		All idle Other					
9.	Productive acres in the parce	el:	Total ac	cres in the parcel:					
10.	Production rates at acquisition	n: Oilb/d	Gas	mcf/d Water	b/d				
11.	Price received for oil and gas	at acquisition: Oil		\$/b_ Gas	_\$/mcf				
12.	Oil gravity:	API Gas:	btu/mcf	Average producing depth:	ft				
	Proved reserves: Deve			_bbl Gas	mcf				
		•		bbl					
14.				n establishing a purchase price?					
	 a. If yes, please enclose comost relied upon in estable. b. If no, please explain in September 2019 Please enclose a copy of the 	pies of those appraisals, evaluations, ca lishing the purchase price. action D how the purchase price was de following:	sh flow projection: termined.	s or analyses. Please identify the analysis or apprais well as other related agreements or contracts, such					
C.	 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 wells and related equipment, separately. c. The allocation to your company books of the total acquisition price, by specific items. 								
	Production and/or convention	nal loan(s):	Amount(s):	Interest rate(s):					
		seller, etc.):							
D.	Purchase price allocated to:	Fixed plant & equipment:		Moveable equipment which should be called to the attention of the Asses	sor.)				
		CERT	IFICATION						
Par	nership incl poration dec	rtify (or declare) under penalty of perjury u	nder the laws of the cuments, is true, co	e State of California that the foregoing and all informatio orrect and complete to the best of my knowledge and be artner.					
	E OF ASSESSEE OR AUTHORIZED AC	GENT (typed or printed)		TITLE					
SIGN	ATURE OF ASSESSEE OR AUTHORIZ	'ED 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							
()								

