CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

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County of Inyo Dave Stottlemyre, Assessor P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us

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 manufactured home subject to local property taxation, and that is									
assessed by the county assessor, to file a Change in Ownership Statement 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									
that where the change in ownership has occurred by reason of death the statement shall be filed within 150 days after the date of death or, if									
the estate is probated, shall be filed at the time the inventory and appraisal is filed. T	The failure to file a Change in Ownership Statement within								
90 days from the date of a written request by the Assessor results in a penalty of eith	ier: (1) one hundred dollars (\$100); or (2) 10 percent of the								

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.)

taxes applicable to the new base year value reflecting the change in ownership of the real property or manufactured home, whichever is greater, but not to exceed five thousand dollars (\$5,000) if the property is eligible for the homeowners' exemption or twenty thousand dollars (\$20,000)

		(date)		agreement.		
12. L		Termination of a lease:	If you answered no to 21 or 22, attach a copy of the trust			
11. [Creation or assignment of a lease: (date)	22.	Does this property revert to the transferor in 12 years or less? (<i>Clifford Trust</i>)	🗌 Yes	🗌 No
9. L 10. [Reconveyance (pay-off).	21.	transferor's spouse or registered domestic partner the sole present beneficiary?	🗌 Yes	🗌 No
8. [9. [Gift. Life estate.		Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable If the trust is irrevocable, is the transferor or the	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.		traded or exchanged for other real property or tangible personal property. Merger or stock acquisition.	17.	tenancy interest? Was this transfer between family members or related businesses?	☐ Yes	□ No
4.	_	Trade or exchange. The above described property has been		If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant? Was this transaction the termination of a joint	Yes	
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.		etc.? Was this transaction only a correction of the name(s) of persons or entities holding title?	☐ Yes	_
1. L		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-R06-0516-14000152-2 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 sign	ed:	Effective transfer date:				
4.	Closing date:	Recording document: Number:	Date:				
5.	 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 c	onsultants used in connection with the tra	nsaction:				
7.	Interest acquired (please report decimal frac Revenue interest: Wor	÷ ,	working interest owners & percentages:				
8.	Number of wells: Producing	Injection	All idle Other				
	Productive acres in the parcel:	Total au	cres in the parcel:				
10.	Production rates at acquisition: Oil						
	Price received for oil and gas at acquisition:		\$/b_ Gas\$/mcf				
			f Average producing depth:ft				
	Proved reserves: Developed: Oil		_bbl Gas mcf				
	•						
14.			n establishing a purchase price? Yes No				
15. C.	 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 wells and related equipment, separately. c. The allocation to your company books of the total acquisition price, by specific items. 						
	Source(s) of financing (bank, seller, etc.):						
D.	Purchase price allocated to: Fixed plant &	equ <mark>i</mark> pment:	Moveable equipment which should be called to the attention of the Assessor.)				
		CERTIFICATION					
Par	including any accom poration		e State of California that the foregoing and all information hereon, orrect and complete to the best of my knowledge and belief. This artner.				
NAM	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printe	ed)	TITLE				
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT		DATE					
NAME 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	} 					

