EF-502-G-R06-0516-14000077-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

OF OF ORDER

County of Inyo Dave Stottlemyre, Assessor P.O. Box J

P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us

File this statement by:

BUYER/TRANSFEREE	RECORDING DATA
MAILING ADDRESS	Date Recorded:
INALING ADDITION	Document Number:
SELLER/TRANSFEROR	Assessor's Identification Number: MB PG PCL
NAMENIO ADDDEGO	Phone Numbers:
MAILING ADDRESS	
FIELD LEASE	Buyer:
	Seller
IMPORTANT NOTICE	Sec: Twp: Rng:
	rty or manufactured home subject to local property taxation, and that is
	t <mark>em</mark> ent with th <mark>e County Recorder</mark> or Asse <mark>ss</mark> or. The C <mark>ha</mark> nge in Ownershi _l ot recorded, within 90 days of the date of the change in ownership, excep
that where the change in ownership has occurred by reason of death	h the statement shall be filed within 150 days after the date of death or, i
	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
	whership of the real property or manufactured home, whichever is greater
	ible for the homeowners' exemption or twenty thousand dollars (\$20,000
roll and shall be collected like any other delinquent property taxes, a	a <mark>llu</mark> re t <mark>o file was not willful. This pena</mark> lty will be add <mark>ed</mark> to the assessmen
	licate the method by which you acquired an interest in the property.)
Purchase (complete Sections B and C on the reverse side).	13. Was this transfer/addition solely between spouses
	or registered domestic partners, divorce settlement,
 Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes 	etc.?
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?
4. Trade or exchange. The above described property has been	16. Was this transaction the termination of a joint
traded or exchanged for other real property or tangible personal	tenancy interest?
property.	17. Was this transfer between family members or
5. Merger or stock acquisition.	related businesses?
	18. Was this document recorded to substitute a trustee
6. Partial interest transfer. Was less than 100 percent of the	under a deed of trust, mortgage, or other similar
property transferred? If yes , indicate the percentage transferred%.	document?
	19. Was this document recorded to create, assign,
7. L Foreclosure or trustee sale.	or terminate a lender's interest in this property?
8. Gift.	20. Has this property been transferred to a trust?
	If yes , is the trust: Revocable Irrevocable
9. Life estate.	21. If the trust is irrevocable, is the transferor or the
10. Reconveyance (pay-off).	transferor's spouse or registered domestic
10. L. Reconveyance (pay-on).	partner the sole present beneficiary?
11. Creation or assignment of a lease:	22. Does this property revert to the transferor in
(date)	12 years or less? (Clifford Trust)
12. Termination of a lease:	If you answered no to 21 or 22, attach a copy of the trust
(date)	agreement.

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



EF-502-G-R06-0516-14000077

В.	PROPERTY INFORMATION (Complete each item as it applies to this transaction.)				
1.	Seller's name and address:				
2.	Field name: Parcel number: Parcel number:		Parcel number:		
3.	Date sales agreement or letter of intent signed:	Effective tra	nsfer date:		
4.	Closing date: Reco	ding 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 consultants used in connection with the transaction:				
7.	terest acquired (please report decimal fractions out of total; e.g., 0.875 out of 1.000).				
	Revenue interest: Working interest:		est owners & percentages:		
8.	Number of wells: Producing Injection	on All idle	Other		
		Total acres in the pa	rcel:		
	Production rates at acquisition: Oil				
	Price received for oil and gas at acquisition: Oil	\$/b Gas			
	Oil gravity: API Gas:	btu/mcf Average p	reducing depth:		
	Proved reserves: Developed: Oil	bbl Gas_	mcf		
	Undeveloped: Oil		mcf		
14.	Were appraisals, evaluations, cash flow projections or other				
	 a. If yes, please enclose copies of those appraisals, evalua most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price. 	tions, cash flow projections or analyses			
15.	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.				
_	The allocation to your company books of the total acquisition price, by specific items. PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION				
C.	Terms: Total purchase price:				
	Production and/or conventional loan(s):		Interest rate(s):		
	Source(s) of financing (bank, seller, etc.):				
D.	Purchase price allocated to: Fixed plant & equipment: Moveable equipment REMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of the Assessor.)				
		CERTIFICATION			
Par Cor	SHELOISHID -	nts or documents, is true, correct and con	fornia that the foregoing and all information hereon, nplete to the best of my knowledge and belief. This		
_	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)		TITLE		
SIGN	IATURE OF ASSESSEE OR AUTHORIZED AGENT	<u> </u>	DATE		
NIAL	C OF CALLTY (4-mad as printed)		EEDEDAL EMDLOVED IS NUMBER		
NAME OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUMBER		
PREPARER'S NAME AND ADDRESS (typed or printed)			TITLE		
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS				
/	E-WAIL ADDRESS				

