CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

transferred ______%.

11. Creation or assignment of a lease:

7. Foreclosure or trustee sale.

10. Reconveyance (pay-off).

12. Termination of a lease:

8. Gift.

9. Life estate.

File this statement by:



	TRANSFEREE	RECORDING DATA				
		Date Recorded:				
MAILING	ADDRESS	Document Number:	Document Number:			
		Assessor's Identification Number:				
SELLER/	TRANSFEROR	MB PG	PCL			
MAILING	ADDRESS	Phone Numbers:				
FIELD		Buyer: () Seller: () Sec: Twp: Rn	ng:			
the est 90 day taxes a but not if the p	here the change in ownership has occurred by reason of death t tate is probated, shall be filed at the time the inventory and appra rs 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 t to exceed five thousand dollars (\$5,000) if the property is eligib property is not eligible for the homeowners' exemption if that fail d shall be collected like any other delinquent property taxes, and	aisal is filed. The failure to file a Change in Ownership (penalty of either: (1) one hundred dollars (\$100); or (2) nership of the real property or manufactured home, whic ble for the homeowners' exemption or twenty thousand lure to file was not willful. This penalty will be added to	Statement within 10 percent of the hever is greater, dollars (\$20,000)			
A. TI	RANSFER INFORMATION (Check the appropriate boxes to indic	cate the method by which you acquired an interest in the	property.)			
1. 🗌	Purchase (complete Sections B and C on the reverse side).	13. Was this transfer/addition solely between spouses				
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.	or registered domestic partners, divorce settlement, etc.? 14. Was this transaction only a correction of the	Yes No			
2	Inheritance Transfor by will estimate to a succession	name(s) of persons or entities holding title?	🗌 Yes 🗌 No			
3.	Inheritance. Transfer by will or intestate succession. Date of death Relationship to deceased	name(s) of persons or entities holding title?15. If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?	Yes No			
3.	Date of death	15. If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?16. Was this transaction the termination of a joint tenancy interest?				
	Date of death Relationship to deceased] Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal	15. If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?16. Was this transaction the termination of a joint	Yes No			

19. Was this document recorded to create, assign, or terminate a lender's interest in this property?

Yes No

Yes No

- 20. Has this property been transferred to a trust? If **yes**, is the trust: Revocable Irrevocable
- 21. If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic partner the sole present beneficiary?

22.	Does this property revert to the transferor in	_	
	12 years or less? (Clifford Trust)	🗌 Yes	L No

If you answered no to 21 or 22, attach a copy of the trust agreement.

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)

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B. **PROPERTY INFORMATION** (Complete each item as it applies to this transaction.)

1.	Seller's name and add	dress:							
2.	Field name:		Lease name:		Parcel number:				
3.	Date sales agreement	nt or letter of intent signed: Effective		ansfer date:					
4.	Closing date:		Recording docum	ent: 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.	Interest acquired (plea	erest 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: Pro	oducing	Injection	All idle	Other				
9.	Productive acres in th	e pa <mark>rc</mark> el:		Total acres in the pa	ircel:				
10.	Production rates at ac	qui <mark>siti</mark> on: Oil	b/d Gas	5	mcf/d Waterb/d				
11.	Price received for oil a	and gas at acquisition: O	il	\$/b Gas	\$/mcf				
12.	Oil gravity:	API G	as:	btu/mcfAverage.p	roducing depth:ft				
				bbl Gas	mcf				
		Undeveloped: Oil —		bbl Gas -	mcf				
14.	Were appraisals, eval	uations, cash flow projection	ons or other analyses m	ade to assist in establishing	g a purcha <mark>se</mark> price? 🔲 Ye <mark>s</mark> 🗌 No				
	 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. 								
15.	Please enclose a cop	y of the following:							
	agreements.	r related agreements or contracts, such as loan							
	wells and related e	equipment, separately.			I in item 15a. Please list each lease, including				
C.	PURCHASE PRICE C	c. The allocation to your company books of the total acquisition price, by specific items. PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION							
	Terms: Total purchas	se price:		Cash to seller:					
				Amount(s):	Interest rate(s):				
	Source(s) of financing	(bank, seller, etc.):							
		ted to: Fixed plant & equ			e <mark>eq</mark> uipment				
D.	REMARKS (Please in	d be called to the attention of the Assessor.)							
	OWNERSHIP TYPE		CERTIFI	CATION					
Part	prietorship tnership poration	including any accompar		nents, is true, correct and cor	ifornia that the foregoing and all information hereon, nplete to the best of my knowledge and belief. This				
		RIZED AGENT (typed or printed)			TITLE				
SIGN	NATURE OF ASSESSEE OR AU	UTHORIZED AGENT			DATE				
		0							
INAIVI	IE OF ENTITY (typed or printed	<i>y</i>			FEDERAL EMPLOYER ID NUMBER				
PREI	PARER'S NAME AND ADDRES	SS (typed or printed)			TITLE				
DAY ⁻	TIME TELEPHONE NUMBER	E-MAIL ADDRESS							



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