EF-502-G-R05-1111-17000422-1 BOE-502-G (P1) REV. 5 (11-11)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

Douglas W. Wacker **County Assessor-Recorder**

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

(Please complete the reverse side.)

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

Fax: 707-263-3703

Date Recorded: Document Number: Assessor's Identification Number: Assessor	DUVER	DANGERDE		RECORDING DATA	
Document Number: Assessor's Identification Number: MB PG PCL MALING ADDRESS Phone Numbers:	RUYEK/T	KANSFEKEE			
DOCUMENT NUMBERS SELECT TRANSFEROR SELEC	MAILING	ADDRESS			
MB PG PCL					
MINDORTANT NOTICE 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 Data them to recording or, if the transfer is not recorded, within 90 days of the date of hange in Ownership, except that where the change in ownership base occurred by reason of death the statement shall be filed within 150 days after the date of death or, it was easily to the seate to probated, shall be filed at the time the inventory, and appraisal is filed. The failure of file of 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, it was easily the other of the control of the seate to probated, shall be filed at the time the inventory, and appraisal is filed. The failure of file of the noting ownership to the date of a written request by the Assessor results in a penalty of either. (1) one hundred dollars (\$100) or (2) to percent of the seates penalties to the new base year value reflecting the change in ownership to file 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 if that failure to file was not willful. This penalty the added to the assessment roil and shall be collected like any other desiring exemption if that failure to file was not willful. This penalty the added to the assessment roil and shall be collected like any other desiring exemption in that failure to file was not willful. This penalty the added to the assessment roil and shall be collected like any other desiring exemption that the sale to that the same penalties for nonpayment. 1. Purchase (complete Sections B and C on the reverse side). 2. Land Sales Contract. A contract for the purchase of property in which t	SELLER/1	TRANSFEROR			DCI
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the property? Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal property. Merger or stock acquisition. Foreclosure or trustee sale. Gift. Gift.			14.		
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4.	v. <u> </u>		15.		
tenancy interest? yes No property. Merger or stock acquisition. 17. Was this transfer between family members or related businesses? yes No property transferred? If yes, indicate the percentage transferred w. 19. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document? yes No property transferred? If yes, indicate the percentage transferred w. 19. Was this document recorded to create, assign, or terminate a lender's interest in this property? yes No property transferred to a trust? yes, is the trust: Revocable Irrevocable		Relationship to deceased		is the seller or transferor also a joint tenant?	☐ Yes ☐ No
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	11.	_		If you answered no to 21 or 22, attach a copy of	the trust
	12.				

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)



В.	PROPERTY INFORMATION (Complete each item as it appl	lies to this transaction.)			
1.	Seller's name and address:				
2.	Field name: Lease name	e: Parcel number:			
3.	Date sales agreement or letter of intent signed:	Effective transfer date:			
4.	Closing date: Recor	rding document: Number: Date:			
5.	Name, address and phone number of person with purchasing relative to the transaction:	g firm who is familiar with the transaction and would be available to answer	questions		
6.	Name, address, and phone number of any consultants used	in 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:	Other working interest owners & percentages:			
8.	Number of wells: Producing Injectio	on All idle Other			
9.	Productive acres in the parcel:	Total acres in the parcel:			
10.	Production rates at acquisition: Oil		b/d		
	Price received for oil and gas at acquisition: Oil	\$/b Gas	\$/mcf		
	Oil gravity:API Gas:		ft		
	Proved reserves: Developed: Oil	bbl Gas	mcf		
	Undeveloped: Oil —		mcf		
14.		analyses made to assist in establishing a purchase price?			
15. C .	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: a. The sales agreement or contract including all exhibits and agreements. b. A complete listing of all assets acquired and liabilities ass wells and related equipment, separately. c. The allocation to your company books of the total acquisite purchase price or transfer amount information. Terms: Total purchase price:	d amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such as the second of the s	ich as Ioan		
	. ,	Amount(s): Interest rate(s):			
	Source(s) of financing (bank, seller, etc.):				
D.	Purchase price allocated to: Fixed plant & equipment:	Moveable equipment hould be called to the attention of the Assessor.)			
		CERTIFICATION			
Pari Cor Oth	nership including any accompanying statement declaration is binding on each and er				
NAM	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				

