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 Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293 Fax: 707-263-3703

BUYER/TRANSFEREE	RECORDING DATA					
	Date Recorded:					
MAILING ADDRESS	Document Number:					
	Assessor's Identification Number:					
SELLER/TRANSFEROR						
MAILING ADDRESS	Phone Numbers:					
	Buyer: ()					
FIELD LEASE	Seller:					
	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						
	h the statement shall be filed within 150 days after the date of death or, if					
	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					
	wnership of the real property or manufactured home, whichever is greater,					
	lible for the homeowners' exemption or twenty thousand dollars (\$20,000)					
roll and shall be collected like any other delinquent property taxes, a	ailure to file was not willful. This penalty will be added to the assessment nd be subject to the same penalties for nonpayment.					
	dicate 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	or registered domestic partners, divorce settlement,					
in which the seller retains legal title to it after the buyer takes	etc.?					
possession.	14. Was this transaction only a correction of the					
	name(s) of persons or entities holding title?					
3. Inheritance. Transfer by will or intestate succession.	15. If you hold title to this property as a joint tenant,					
Date of death						
Relationship to deceased	is the seller or transferor also a joint tenant?					

- 4. Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal property.
- 5. Merger or stock acquisition.
- 6. Partial interest transfer. Was less than 100 percent of the property transferred? If **yes**, indicate the percentage transferred ______%.
- 7. Foreclosure or trustee sale.
- 8. Gift.
- 9. Life estate.
- 10. Reconveyance (pay-off).

12. Termination of a lease:

11. Creation or assignment of a lease:

partner the sole present beneficiary?
22. Does this property revert to the transferor in 12 years or less? (*Clifford Trust*) Yes No
If you answered no to 21 or 22, attach a copy of the trust agreement.

🗌 Yes 🗌 No

🗌 Yes 🗌 No

🗌 Yes 🗌 No

Yes No

🗌 Yes 🗌 No

🗌 Yes 🗌 No

16. Was this transaction the termination of a joint

Was this transfer between family members or

18. Was this document recorded to substitute a trustee

under a deed of trust, mortgage, or other similar

or terminate a lender's interest in this property?

If yes, is the trust: Revocable Irrevocable

19. Was this document recorded to create, assign,

20. Has this property been transferred to a trust?

21. If the trust is irrevocable, is the transferor or the

transferor's spouse or registered domestic

tenancy interest?

related businesses?

document?

17.

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)



EF-502-G-R06-0516-17000247-2 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 lette	er of intent signed:		Effective transfer date:		
4.	Closing date:	Recording doc	ument: 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 (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	Injection	/	All idle Other		
9.	Productive acres in the parce	əl:	Total ac	res in the parcel:		
10.	Production rates at acquisitio	on: Oilb/d C	Gas	mcf/d Waterb/d		
		s at acquisition: Oil		_ \$/b_ Gas\$/mcf		
12.	Oil gravity:	API Gas:	btu/mcf	Average producing depth: ft		
		eloped: Oil		. bbl Gas mcf		
	Undeve	eloped: Oil		bbl Gas mcf		
14.	Were appraisals, evaluations	s, cash flow projections or other analyses	made to assist in	n establishing a purcha <mark>se price? </mark>		
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. PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION 					
	Terms: Total purchase price	e:	Cas	sh to seller:		
	Production and/or conventior	nal loan(s):	_ Amount(s):	Interest rate(s):		
	Source(s) of financing (bank,	, seller, etc.):				
D.	Purchase price allocated to: Fixed plant & equipment: Moveable equipment					
		CERTI	FICATION			
Part	inclusion inclusin inclusion inclusion inclusion inclusion inclusion inclusi	ertify (or declare) under penalty of perjury ur	nder the laws of the cuments, is true, co	e State of California that the foregoing and all information hereon, prrect and complete to the best of my knowledge and belief. This prtner.		
	E OF ASSESSEE OR AUTHORIZED AG	GENT (typed or printed)		TITLE		
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT			DATE			
NAME OF ENTITY (typed or printed)		FEDERAL EMPLOYER ID NUMBER				
PREPARER'S NAME AND ADDRESS (typed or printed)			TITLE			
DAYT (TIME TELEPHONE NUMBER	E-MAIL ADDRESS		I		

