EF-502-G-R06-0516-22000138-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Tammie Guenthart Mariposa County Assessor

4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719

tguenthart@mariposacounty.org Monday-Friday:8am-5pm

BUYER/TRANSFEREE		RECORDING DATA						
MAILING ADDRESS			Date Recorded: Document Number:	ian Niverban				
SELLER/TRANS	FEROR	-	Assessor's Identificat MB	lon Number: PG	PCL			
MAILING ADDRE	ESS	•	Phone Numbers:					
FIELD	LEASE		Buyer: () Seller: ()	Λ				
IMPORT	TANT NOTICE		ec: Twp): F	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. 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 either: (1) one hundred dollars (\$100); or (2) 10 percent of the 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) 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. TRANS	SFER INFORMATION (Check the appropriate boxes to indicate	te the method	by which you acquired	d an interest in th	ne property	:.)		
2. La r	rchase (complete Sections B and C on the reverse side). nd Sales Contract. A contract for the purchase of property which the seller retains legal title to it after the buyer takes		ransfer/addition solely be ed domestic partners, d		, 🗌 Yes	□ No		
pos	ssession.		ra <mark>ns</mark> action only a corre f persons or entities hol		Yes	□ No		
Dat	te of deathlationship to deceased		title to this property as er or transferor also a jo	-	☐ Yes	☐ No		
trac	ded or exchange. The above described property has been ded or exchanged for other real property or tangible personal	tenancy in		-	☐ Yes	☐ No		
	rger or stock acquisition.	related bu	ransfer between family is sinesses?	members or	☐ Yes	☐ No		
pro	rtial interest transfer. Was less than 100 percent of the perty transferred? If yes, indicate the percentage insferred%.		ocument recorded to sued of trust, mortgage, o		Yes	☐ No		
	reclosure or trustee sale.		ocument recorded to cr te a lender's interest in		☐ Yes	□ No		
8. Giff	t.		roperty been transferred the trust: Revocable			☐ No		
_	e estate. conveyance (pay-off).	transferor'	is irrevocable, is the tra s spouse or registered of s sole present beneficia	domestic	☐ Yes	□ No		
	eation or assignment of a lease:	22. Does this	property revert to the transfer less? (Clifford Trust)		☐ Yes	□ No		
12. Ter	mination of a lease:	-	swered no to 21 or 22	attach a convio		110		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

agreement.



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:	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 equipmentabout the sale or transfer which should be called to the attention of the Ass			
		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				

