EF-502-G-R05-1111-23000358-1 BOE-502-G (P1) REV. 5 (11-11)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

501 Low Gap Road, Room 1020

MENDOCINO COUNTY ASSESSOR

SUSAN M. RANOCHAK

Ukiah, CA 95482

Telephone: (707) 463-4315 Fax: (707) 463-6597

File this statement by:

BUYE	ER/TR	ANSFEREE	RECORDING DATA			
			Date Recorded:			
MAIL	ING A	DDRESS	Document Number:			
SELL	FR/TE	RANSFEROR	Assessor's Identification Number:			
OLLL	.டா	VAROLETON	MB PG PCL			
MAIL	ING A	DDRESS	Phone Numbers:			
			Buyer: ()			
FIELI)	LEASE	Seller:			
IN/I	DΩ	RTANT NOTICE	Sec: Twp: Rng:			
	_		ty or manufactured home subject to local property taxation, and that is			
ass	esse	d by the county assessor, to file a Change in Ownership State	ement with th <mark>e County Recorder or Assessor. The Cha</mark> nge in Ownership			
			ot recorded, within 90 days of the date of the change in ownership, except			
			ı the statement shall be filed within 150 days after the date of death or, if raisal 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			
taxes applicable to the new base year value reflecting the change in ownership of the real property or manufactured home, whichever is greater,						
			ible for the homeowners' exemption or twenty thousand dollars (\$20,000)			
		operty is not eligible for the homeowners' exemption if that fall shall be collected like any other delinquent property taxes, an	i <mark>lu</mark> re to file was not wi <mark>llf</mark> ul. This pe <mark>na</mark> lty will be added to the assessment of the same penalties for nonpayment.			
			icate 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 solely between husband and wife,			
2		Land Sales Contract. A contract for the purchase of property	addition of a spouse, divorce settlement, etc.?			
۷.	ш	in which the seller retains legal title to it after the buyer takes	14. Was this transaction only a correction of the			
		possession.	name(s) of persons or entities holding title to			
2		Inheritance. Transfer by will or intestate succession.	the property?			
٥.	ш	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?			
			16. Was this transaction the termination of a joint			
4.	Ш	Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal	tenancy interest?			
		property.	17. Was this transfer between family members or			
_			related businesses?			
5.	Ш	Merger or stock acquisition.	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	document? Yes No			
		transferred %.	19. Was this document recorded to create, assign,			
7.		Foreclosure or trustee sale.	or terminate a lender's interest in this property?			
۲.		1 oronodate of trustee suit.				
8.		Gift.	20. Has this property been transferred to a trust? ☐ Yes ☐ No If yes , is the trust: ☐ Revocable ☐ Irrevocable			
9.	Ш	Life estate.	21. If the trust is irrevocable, is the transferor or the			
10.		Reconveyance (pay-off).	transferor's spouse the sole present beneficiary?			
10.		recontrogance (pay-on).	22. Does this property revert to the transferor in			
11.		Creation or assignment of a lease:	12 years or less? (Clifford Trust)			
		(date)	If you answered no to 21 or 22, attach a copy of the trust			
12.		Termination of a lease:	agreement.			
		(date)	(Please complete the reverse side.)			

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



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 equipmentabout the sale or transfer which should be called to the attention of the Ass	essor.)
		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		

