EF-502-G-R06-0516-23000081-1 BOE-502-G (P1) REV. 6 (05-16)

## **CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY**

501 Low Gap Road, Room 1020

**MENDOCINO COUNTY ASSESSOR** 

Ukiah, CA 95482

Katrina Bartolomie

Telephone: (707) 234-6800 Fax: (707) 463-6597

File this statement by:

DI 0.5		ANOTED F		RECORDING DATA	
RUYE	:K/IR	ANSFEREE			
MAILING ADDRESS				Date Recorded:	
				Document Number:	·
SELL	ER/TF	RANSFEROR		Assessor's Identification Number:  MB PG	PCL
					PCL
MAILI	ING A	DDRESS		Phone Numbers:	
FIELD	)	LEASE		Buyer:	
				Seller:	
1841	<b>D</b>	DTANT NOTICE		Sec: Twp: Rr	ng:
	_	RTANT NOTICE			-41
		requires any transferee acquiring an interest in real proper ed by the county assessor, to file a Change in Ownership State			
		ent must be filed at the time of recording or, if the transfer is no			
		ere the change in ownership has occurred by reason of death			
		te is probated, shall be filed at the time the inventory and app			
		from the date of a written request by the Assessor results in a			
		oplicable to the ne <mark>w ba</mark> se year value <mark>reflecti</mark> ng the <mark>chan</mark> ge in ow			
		to exceed five thousand dollars (\$5,000) if the property is eligi			
		operty is not eligible for the hom <mark>eowners' e</mark> xemption if that fa shall be collected like any other delinquent property taxes, ar			tne assessmen
			_		
Α.	TR	ANSFER INFORMATION (Check the appropriate boxes to indi	icate ti	he 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	
_				or registered domestic partners, divorce settlement,	☐ Yes ☐ No
2.	Ш	Land Sales Contract. A contract for the purchase of property		etc.?	
		in which the seller retains legal title to it after the buyer takes	14	Was this transaction only a correction of the	
		possession.	17.	name(s) of persons or entities holding title?	☐ Yes ☐ No
3.		Inheritance. Transfer by will or intestate succession.			
		Date of death	<del>-1</del> 5.	If you hold title to this property as a joint tenant,	
		Relationship to deceased		is the seller or transferor also a joint tenant?	∐ Yes ∐ No
4		Trade on such and a The should described a state has been	16.	Was this transaction the termination of a joint	
4.	ш	<b>Trade or exchange.</b> The above described property has been traded or exchanged for other real property or tangible personal		tenancy interest?	Yes No
		property.	17	Was this transfer between family members or	
	_	property.	11.	related businesses?	☐ Yes ☐ No
5.	Ш	Merger or stock acquisition.		related businesses?	□ res □ inc
			18.	Was this document recorded to substitute a trustee	
6.	Ш	Partial interest transfer. Was less than 100 percent of the		under a deed of trust, mortgage, or other similar	
		property transferred? If <b>yes</b> , indicate the percentage		document?	☐ Yes ☐ No
		transferred %.	19.	Was this document recorded to create, assign,	
7	П	Foreclosure or trustee sale.		or terminate a lender's interest in this property?	☐ Yes ☐ No
1.	ш	rotectosure of trustee sale.			
8		Gift.	20.	Has this property been transferred to a trust?	☐ Yes ☐ No
0.	ш	Girt.		If <b>yes</b> , is the trust: Revocable Irrevocable	
9		Life estate.	21	If the trust is irrevocable, is the transferor or the	
٥.	1	2110 000001	-1.	transferor's spouse or registered domestic	☐ Yes ☐ No
10.		Reconveyance (pay-off).		partner the sole present beneficiary?	1C3 INC
				paration the sole present belieficially:	
11	$\Box$	Creation or assignment of a lease:	22.	Does this property revert to the transferor in	
11.		(date)		12 years or less? (Clifford Trust)	☐ Yes ☐ No
12.		Termination of a lease:			4h - 4
14.		(date)		If you answered no to 21 or 22, attach a copy of t	ne trust
		(uaic)		agreement.	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



B.	PROPERTY INFORMATION (Complete each item as it appl	es to this transaction.)				
1.	Seller's name and address:					
2.	Field name: Lease name	: Parcel number:				
3.	Date sales agreement or letter of intent signed:	Effective transfer date:				
4.	Closing date: Recor	ding document: 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	n connection with the transaction:				
7.	Interest acquired (please report decimal fractions out of total; e.g., 0.875 out of 1.000).					
		Other working interest owners & percentages:				
8.	Number of wells: Producing Injection	n All idle Other				
		Total acres in the parcel:				
10.		b/d Gasb/d				
	Price received for oil and gas at acquisition: Oil	\$/b Gas \$/mcf				
	Oil gravity: API Gas:	btu/mcf Average producing depth:ft				
	Proved reserves: Developed: Oil					
	Undeveloped: Oil					
14.		analyses made to assist in establishing a purchase price?				
		ons, cash flow projections or analyses. Please identify the analysis or appraisal				
15.	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 $% \left\{ 1,2,\ldots ,n\right\}$				
	agreements.					
	<ul> <li>A complete listing of all assets acquired and liabilities ass wells and related equipment, separately.</li> </ul>	umed in the acquisition, if not included in item 15a. Please list each lease, including				
	c. The allocation to your company books of the total acquisi	ion price, by specific items.				
C.	PURCHASE PRICE OR TRANSFER AMOUNT INFORMATI	ON				
	Terms: Total purchase price:	Cash to seller:				
	Production and/or conventional loan(s):	Amount(s): Interest rate(s):				
	Source(s) of financing (bank, seller, etc.):					
	Purchase price allocated to: Fixed plant & equipment:	Moveable equipment				
D.	REMARKS (Please include below any additional information	about the sale or tran <mark>sfer which s</mark> hould be called to the attention of the Assessor.)				
		CERTIFICATION				
Par	including any accompanying statement declaration is binding on each and	nerjury under the laws of the State of California that the foregoing and all information hereon, ats or documents, is true, correct and complete to the best of my knowledge and belief. <b>This</b> every co-owner and/or partner.				
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	TITLE				
SIGN	IATURE OF ASSESSEE OR AUTHORIZED AGENT	DATE				
NAME OF ENTITY (fund or printed)						
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					

