CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



MERCED COUNTY MATT H. MAY, ASSESSOR 2222 M STREET MERCED, CA 95340 TELEPHONE (209) 385-7631 FAX (209) 725-3956 www.co.merced.ca.us\assessor

BUYER/TRANSFEREE	RECORDING DATA			
	Date Recorded:			
MAILING ADDRESS	Document Number:			
	Assessor's Identification Number:			
SELLER/TRANSFEROR	MB PG PCL			
MAILING ADDRESS	Phone Numbers:			
	Buyer: ()			
FIELD	Seller			
IMPORTANT NOTICE	Sec: Twp: Rng:			
The law requires any transferee acquiring an interest in real property or mar assessed by the county assessor, to file a Change in Ownership Statement with				
Statement must be filed at the time of recording or, if the transfer is not recorde				
that where the change in ownership has occurred by reason of death the state	•			
the estate is probated, shall be filed at the time the inventory and appraisal is f 90 days from the date of a written request by the Assessor results in a penalty				
taxes applicable to the new base year value reflecting the change in ownership				
but not to exceed five thousand dollars (\$5,000) if the property is eligible for th				
if the property is not eligible for the homeowners' exemption if that failure to fi				
roll and shall be collected like any other delinquent property taxes, and be sub	ject to the same penalties for nonpayment.			
A. TRANSFER INFORMATION (Check the appropriate boxes to indicate the	method by which you acquired an interest in the property.)			
1. Purchase (complete Sections B and C on the reverse side). 13. W	as this transfer/addition solely between spouses			
	registered domestic partners, divorce settlement,			

12. 🗌	Termination of a lease:		If you answered no to 21 or 22, attach a copy of the trust agreement.			
11. 🗌	Creation or assignment of a lease:	22.	Does this property revert to the transferor in 12 years or less? (<i>Clifford Trust</i>)	🗌 Yes	🗌 No	
10.	Reconveyance (pay-off).	21.	transferor's spouse or registered domestic partner the sole present beneficiary?		🗌 No	
9.	Life estate.	21.	If the trust is irrevocable, is the transferor or the			
8. 🗌	Gift.	20.	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	🗌 Yes	🗌 No	
7. 🗌	Foreclosure or trustee sale.	19.	Was this document recorded to create, assign, or terminate a lender's interest in this property?	🗌 Yes	🗌 No	
6. 🗌	Partial interest transfer. Was less than 100 percent of the property transferred? If yes , indicate the percentage transferred%.	18.	Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	☐ Yes	🗌 No	
5. 🗌	Merger or stock acquisition.		related businesses?	🗌 Yes	🗌 No	
4. 🗌	Trade or exchange . The above described property has been traded or exchanged for other real property or tangible personal property.		Was th <mark>is transaction</mark> the termination of a joint tenancy interest? Was this transfer between family members or	Yes	□ No	
3. 🗌	Inheritance. Transfer by will or intestate succession. Date of death	15.	If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?	🗌 Yes	🗌 No	
	in which the seller retains legal title to it after the buyer takes possession.	14.	. Was this transaction only a correction of the name(s) of persons or entities holding title?	🗌 Yes	🗌 No	
2. 🗌	Land Sales Contract. A contract for the purchase of property		etc.?			

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

EF-502-G-R06-0516-24000434-2 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 letter of int	ent signed:		Effective transfer date:					
4.	Closing date:	Recording doe	cument: Number:	Date:					
5.	5. Name, address and phone number of person with purchasing firm who is familiar with the transaction and would be available to answer question relative to the transaction:								
6.	Name, address, and phone number	of any consultants used in conne	ection with the trar	nsaction:					
7.	7. Interest acquired (please report decimal fractions out of total; e.g., 0.875 out of 1.000).								
	Revenue interest: Working interest: Other working			orking interest owners & percentages:					
8.	Number of wells: Producing	Injection		All idle	Other				
	Productive acres in the parcel:			res in the parcel:					
	Production rates at acquisition: Oi			mcf/d		b/d			
	Price received for oil and gas at acc			\$/b Gas		\$/mcf			
	Oil gravity:			Average producing		ft			
	Proved reserves: Developed:								
	Undeveloped:			bbl Gas		mcf			
14.	Were appraisals, evaluations, cash		s made to assist in	n e <mark>sta</mark> blishing a purc	hase price? 🗌 Yes	🗆 No			
	 a. If yes, please enclose copies of most relied upon in establishing b. If no, please explain in Section I 	the purchase price.		s or analyses. Pleas	e identify the analysis	or appraisal			
15.	Please enclose a copy of the follow	•							
	a. The sales agreement or contract	including all exhibits and amend	ments thereto, as	well as other related	d agreements or contra	acts, such as loan			
	 agreements. b. A complete listing of all assets a wells and related equipment, sep 		the acquisition, if	not included in item	15a. Please list each	lease, including			
C.	c. The allocation to your company PURCHASE PRICE OR TRANSFE	books of the total acquisition price	e, b <mark>y s</mark> peci <mark>fic</mark> item	s.					
	Terms: Total purchase price:		Cas	sh to seller:					
	Production and/or conventional loar				Interest rate	e(s):			
	Source(s) of financing (bank, seller,								
	Purchase price allocated to: Fixed			_ Moveable equipr	ment				
D.	REMARKS (Please include below a		ne sale or transfer	which should be cal	lled to the attention of	the Assessor.)			
	OWNERSHIP TYPE	CERT	IFICATION						
Prop	prietorship 🗌 🗌 I certify (or	declare) under penalty of perjury u							
		ny accompanying statements or do n is binding on each and every c o			o the best of my knowled	dge and belief. This			
Othe									
NAM	E OF ASSESSEE OR AUTHORIZED AGENT (typ	ed or printed)		TIT	ΊLΕ				
SIGN	IATURE OF ASSESSEE OR AUTHORIZED AGEI	T		DA	TE				
NAM	E OF ENTITY (typed or printed)			FE	DERAL EMPLOYER ID NUM	BER			
PREI	PARER'S NAME AND ADDRESS (typed or printed	- 		TIT	ΓLE				
DAY	TIME TELEPHONE NUMBER E-MAIL	ADDRESS							



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