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 manufac assessed by the county assessor, to file a Change in Ownership Statement with the				
Statement must be filed at the time of recording or, if the transfer is not recorded, wi				
that where the change in ownership has occurred by reason of death the statemen	· · · · · · · · · · · · · · · · · · ·			
the estate is probated, shall be filed at the time the inventory and appraisal is filed. 90 days from the date of a written request by the Assessor results in a penalty of eit				
taxes applicable to the new base year value reflecting the change in ownership of the				
but not to exceed five thousand dollars (\$5,000) if the property is eligible for the hol				
if the property is not eligible for the homeowners' exemption if that failure to file wa				
roll and shall be collected like any other delinquent property taxes, and be subject t	to the same penalties for nonpayment.			
A. TRANSFER INFORMATION (Check the appropriate boxes to indicate the meth	od by which you acquired an interest in the property.)			
1. Purchase (complete Sections B and C on the reverse side). 13. Was th	is transfer/addition solely between spouses			
Or regis	stered 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: (date)	22.	Does this property revert to the transferor in 12 years or less? (<i>Clifford Trust</i>)	🗌 Yes	🗌 No	
9. 🗌 10. 🗌	Life estate. Reconveyance (pay-off).	21.	If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic partner the sole present beneficiary?	☐ Yes	🗌 No	
8.	Gift.		Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	🗌 Yes	🗌 No	
7. 🗌	transferred %. 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	18.	. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	🗌 Yes	🗌 No	
4. 5.	Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal property.Merger or stock acquisition.	17.	Was this transaction the termination of a joint tenancy interest? Was this transfer between family members or related businesses?	YesYes	_	
3.	Inheritance. Transfer by will or intestate succession. Date of death Relationship to deceased		If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?	🗌 Yes	🗌 No	
2.	Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes possession.	14.	etc.? Was this transaction only a correction of the name(s) of persons or entities holding title?	□ Yes	_	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

EF-502-G-R06-0516-24000219-2 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 intent signed:		Effec	_ Effective transfer date:			
4.	Closing date:	Recording docum	ent: Number:	Date:			
5.	Name, address and phone number of person wire relative to the transaction:	th purchasing firm who is	familiar with the tra	ansaction and would be availabl	e to answer questions		
6.	Name, address, and phone number of any cons	ultants used in connectio	n with the transactic	on:			
7.	Interest acquired (please report decimal fraction	s out of total: e.g., 0.875	out of 1.000).				
	Revenue interest: Working			g interest owners & percentage	s:		
8.	Number of wells: Producing			e Other			
	Productive acres in the parcel:		Total acres in	the parcel:			
10.	Production rates at acquisition: Oil	b/d Gas		mcf/d Water	b/d		
	Price received for oil and gas at acquisition: O		\$/b	Gas	\$/mcf		
12.	Oil gravity: API Ga	as:	btu/mcf Ave	erage producing depth:	ft		
	Proved reserves: Developed: Oil		bbl	Gas	mcf		
	Undeveloped: Oil —		bbl	Gas	mcf		
14.	Were appraisals, evaluations, cash flow projection			blishing a purchase price?	Yes 🗌 No		
	 a. If yes, please enclose copies of those appraimost relied upon in establishing the purchase b. If no, please explain in Section D how the purchase 	isals, evaluations, cash fl e price.	ow projections or ar				
15.	Please enclose a copy of the following:						
	a. The sales agreement or contract including al agreements.						
	b. A complete listing of all assets acquired and wells and related equipment, separately.			cluded in item 15a. Please list o	each lease, including		
C.							
	Terms: Total purchase price:		Cash to s	seller:			
	Production and/or conventional loan(s):		Amount(s):	Interes	t rate(s):		
	Source(s) of financing (bank, seller, etc.):						
	Purchase price allocated to: Fixed plant & equ			oveable <mark>eq</mark> uipment			
D.	REMARKS (Please include below any additiona	l information about the s	ale or transfer which	n should be called to the attention	on of the Assessor.)		
		CERTIFIC	ATION				
	OWNERSHIP TYPE	CERTIFIC					
Par	orietorship I certify (or declare) und including any accompany declaration is binding		ents, is true, correct a	e of California that the foregoing a and complete to the best of my kr			
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)			TITLE			
SIGN	IATURE OF ASSESSEE OR AUTHORIZED AGENT			DATE			
NAME OF ENTITY (typed or printed)				FEDERAL EMPLOYER II	FEDERAL EMPLOYER ID NUMBER		
PRE	PARER'S NAME AND ADDRESS (typed or printed)			TITLE			
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS						
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