CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Cheri Budmark Modoc County Assessor 204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

BUYER/T	RANSFEREE	RECORDING DATA
		Date Recorded:
MAILING	ADDRESS	Document Number:
SELLER/1	RANSFEROR	Assessor's Identification Number:
		MB PG PCL
MAILING	ADDRESS	Phone Numbers:
FIELD	LEASE	Buyer: (
FIELD	LEASE	Seller
		Sec: Twp:Rng:
		ty or manufactured home subject to local property taxation, and that
		ement with the County Recorder or Assessor. The Change in Ownersh
		t recorded, within 90 days of the date of the change in ownership, exce
		the statement shall be filed within 150 days after the date of death or, raisal is filed. The failure to file a Change in Ownership Statement with
		a penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the
taxes a	pplicable to the new base year value reflecting the change in ov	nership of the real property or manufactured home, whichever is greate
		ble for the homeowners' exemption or twenty thousand dollars (\$20,00
	l shall be collected like any other delinquent property taxes, ar	ilure to file was not willful. This penalty will be added to the assessme
		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/addition solely between spouses
2.	Land Sales Contract. A contract for the purchase of property	etc.?
	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?
3.	Inheritance. Transfer by will or intestate succession.	
	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?
4.	Trade or exchange. The above described property has been	16. Was this transaction the termination of a joint
4.	traded or exchanged for other real property or tangible personal	tenancy interest?
	property.	17. Was this transfer between family members or
_		related businesses?
5. 🗆	Merger or stock acquisition.	
6.	Partial interest transfer. Was less than 100 percent of the	 Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar
0.	property transferred? If yes , indicate the percentage	document?
	transferred%.	
_		19. Was this document recorded to create, assign, or terminate a lender's interest in this property?
	Foreclosure or trustee sale.	or terminate a lender's interest in this property?

- 8. Gift.
- 9. Life estate.
- 10. Reconveyance (pay-off).

12. Termination of a lease:

11. Creation or assignment of a lease:_

	If you answered no to 21 or 22, attach a copy of the trust agreement.				
22.	Does this property revert to the transferor in 12 years or less? (<i>Clifford Trust</i>)	🗌 Yes	🗌 No		

20. Has this property been transferred to a trust?

21. If the trust is irrevocable, is the transferor or the

transferor's spouse or registered domestic

partner the sole present beneficiary?

If **yes**, is the trust: Revocable Irrevocable

🗌 Yes 🗌 No

Yes No

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)

EF-502-G-R06-0516-25000389-2 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 lette	er of intent signed:		Effective transfer date:				
4.	Closing date:	Recording do	cument: 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 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	Injection	A	All idle Other				
9.	Productive acres in the parce	əl:	Total ac	pres in the parcel:				
10.	Production rates at acquisitio	pn: Oilb/d	Gas	mcf/d Waterb/d				
11.	Price received for oil and gas	at acquisition: Oil		\$/b_Gas\$/mcf				
12.	Oil gravity:	API Gas:	btu/mcf	f Average producing depth:ft				
		eloped: Oil						
	Undeve	eloped: Oil		_ bbl Gasmcf				
14.			s made to assist in	n establishing a purchase price? 🔲 Yes 🔲 No				
15. C.	 a. If yes, please enclose copies of those appraisals, evaluations, cash flow projections or analyses. Please identify the analysis or appraisal most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price was determined. 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 agreements. b. A complete listing of all assets acquired and liabilities assumed in the acquisition, if not included in item 15a. Please list each lease, including wells and related equipment, separately. c. The allocation to your company books of the total acquisition price, by specific items. PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION Terms: Total purchase price: Production and/or conventional loan(s): Manount(s): Amount(s): 							
D.	Source(s) of financing (bank, seller, etc.):Purchase price allocated to: Fixed plant & equipment:Moveable equipmentREMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of the Assessor.)							
		CERT	IFICATION					
Part	nership inclusion inclusico inclusico inclusico inclusico inclusico inclusico inclusio	rtify (or declare) under penalty of perjury u	nder the laws of the ocuments, is true, co	e State of California that the foregoing and all information hereon, orrect and complete to the best of my knowledge and belief. This artner.				
	E OF ASSESSEE OR AUTHORIZED AG	GENT (typed or printed)		TITLE				
SIGN	ATURE OF ASSESSEE OR AUTHORIZ	ZED AGENT		DATE				
NAM	E OF ENTITY (typed or printed)		FEDERAL EMPLOYER ID NUMBER					
PREI	PARER'S NAME AND ADDRESS (typed	or printed)	TITLE					
DAY ⁻	TIME TELEPHONE NUMBER	E-MAIL ADDRESS						

