EF-502-G-R06-0516-30000227-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

· ·

File this statement by:

Civic Center Plaza, Building 11 625 N. Ross Street, Room 142 P.O. Box 22000 Santa Ana, CA 92702-2000 (714) 834-3775 www.ocgov.com/assessor

Orange County Assessor

Claude Parrish

BUYER/TRANSFEREE			RECORDING DATA			
			Date Recorded:			
MAILING ADDRESS			Document Numb	oer:		
				ification Number:		
SELLER/TRANSFEROR				MB PG	PCL	_
MAILING ADDRESS			Phone Numbers:			
MAILING ADDRESS			(
FIELD	iE .		Buyer:			
			Seller:			
IMPORTANT NOTICE			Sec:	Twp:	Rng:	
	a an interest in real areaset		anufactured have subject	to local arenarity to	votion on	d that is
The law requires any transferee acquiring assessed by the county assessor, to file a						
Statement must be filed at the time of reco						
that where the change in ownership has o						
the estate is probated, shall be filed at the 90 days from the date of a written request						
taxes applicable to the new base year value						
but not to exceed five thousand dollars (\$						
if the property is not eligible for the home	owners' exemption if that fai	ilure to	o file was not willful. This pe	e <mark>na</mark> lty will be add <mark>e</mark> d t	to the asso	essment
roll and shall be collected like any other d	elinque <mark>nt</mark> pro <mark>pe</mark> rty taxes, an	d be s	ubject to the s <mark>am</mark> e penalties	for nonpayment.		
A. TRANSFER INFORMATION (Check to	the appropriate boxes to indi	cate th	ne method by which you acq	uired an interest in th	ne property	v.)
1. Purchase (complete Sections B and	d C on the reverse side)	13.	Was this transfer/addition sol	elv between spouses		
1. I dichase (complete occitors b and	d o on the reverse side).		or registered domestic partner			□ No
2. Land Sales Contract. A contract fo			etc.?	,	,	
in which the seller retai <mark>ns</mark> legal title	to it after the buyer takes	4.4				
possession.		14.	Was this transaction only a chame(s) of persons or entities		Yes	. □ No
3. Inheritance. Transfer by will or inter	state succession.					
Date of death		1 5.	If you hold title to this propert			П.,
Relationship to deceased			is the seller or transferor also	a joint tenant?	☐ Yes	. ∐ No
4. Trade or exchange. The above des	parihad proparty has been	16.	Was this transaction the term	ination of a joint		
4. Trade or exchange. The above destraded or exchanged for other real p			tenancy interest?		☐ Yes	□ No
property.	roperty of tarigible personal	17	Was this transfer between far	mily members or		
			related businesses?	mily members of	Yes	□ No
5. Merger or stock acquisition.						
6. Partial interest transfer. Was less	than 100 percent of the	18.	Was this document recorded under a deed of trust, mortga			
 Partial interest transfer. Was less property transferred? If yes, indicate 	•		document?	ige, or other similar	□ Voc	. □ No
transferred %.	s the percentage		document:		L 163	
		19.	Was this document recorded	•		
7. Foreclosure or trustee sale.			or terminate a lender's interes	st in this property?	☐ Yes	⊢ No
. 🗆		20.	Has this property been transf	erred to a trust?	☐ Yes	□ No
8. Gift.			If yes , is the trust: Revo		Э	
9. Life estate.		21	If the trust is irrevocable, is th	ne transferor or the		
J. LIE ESIALE.		۷١.	transferor's spouse or registe		☐ Yes	□ No
10. Reconveyance (pay-off).			partner the sole present bene		169	140
			paration the sole present bene	sinoiai y :		
11. Creation or assignment of a lease	a:	22.	Does this property revert to the	ne transferor in	_	
	(date)		12 years or less? (Clifford Tru	ust)	Yes	□ No
12. Termination of a lease:	. ,		If you answered no to 21 or	r 22 attach a convict	f the truet	
			ii you alioweled lit to 21 th	. <u></u> , aliacii a cupy 01	. เมษ แนงเ	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

agreement.



EF-502-G-R06-0516-30000227

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				
		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					

