EF-502-G-R06-0516-30000203-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Claude Parrish Orange County Assessor

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

DUVERGE	DANOFFDEF		RECORDING DATA		
BUYER/II	RANSFEREE				
MAILING ADDRESS			Date Recorded: Document Number:		
			Assessor's Identification Number:		
SELLER/T	RANSFEROR		MB PG	PCL	
			Phone Numbers:		
MAILING	ADDRESS				
FIELD	LEASE		Buyer:		
TILLD	Land		Seller:		
IMDC	DTANT NOTICE		Sec: Twp: Rr	ng:	
_	ORTANT NOTICE v requires any transferee acquiring an interest in real proper		nonvitadivad kama avkiset ta lagal svanosti tava	ation one	l that is
	ed by the county assessor, to file a Change in Ownership State				
Statem	ent must be filed at the time of recording or, if the transfer is no	t reco	rded, within 90 days of the date of the change in o	wnership	, except
	ere the change in ownership has occurred by reason of death				
	ate is probated, shall be filed at the time the inventory and app s from the date of a written request by the Assessor results in a				
	pplicable to the new base year value reflecting the change in ow				
	to exceed five thousand dollars (\$5,000) if the property is eligi				
	roperty is not eligible for the hom <mark>eowners' exempti</mark> on <mark>if that fa</mark> I shall be collect <mark>ed l</mark> ike any <mark>other delinquent property taxes</mark> , ar			the asse	essment
	RANSFER INFORMATION (Check the appropriate boxes to indi	_		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. 🔲	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?	Yes	☐ No
3. 🗀	Inheritance. Transfer by will or intestate succession.	15	If you hold title to this property as a joint tenant,		
	Date of death		is the seller or transferor also a joint tenant?	☐ Yes	☐ No
	Relationship to deceased	10	•		
4. 🔲	Trade or exchange. The above described property has been	10.	Was this transaction the termination of a joint tenancy interest?	☐ Yes	□No
	traded or exchanged for other real property or tangible personal				
	property.	17.	Was this transfer between family members or	□ v _{aa}	□ No
5.	Merger or stock acquisition.		related businesses?	∟ Yes	□ NO
۰ 🗆		18.	Was this document recorded to substitute a trustee		
6. ∟	Partial interest transfer. Was less than 100 percent of the property transferred? If yes , indicate the percentage		under a deed of trust, mortgage, or other similar document?	Yes	□ No
	transferred%.			□ res	□ NO
		19.	Was this document recorded to create, assign,		
7. 📙	Foreclosure or trustee sale.		or terminate a lender's interest in this property?	☐ Yes	∐ No
۵ ا	Gift.	20.	Has this property been transferred to a trust?	☐ Yes	☐ No
о. Ш	GIII.		If yes , is the trust: Revocable Irrevocable		
9.	Life estate.	21.	If the trust is irrevocable, is the transferor or the		
_			transferor's spouse or registered domestic	☐ Yes	☐ No
10.	Reconveyance (pay-off).		partner the sole present beneficiary?		
		22	Doos this property revert to the transferor in		
11. 🗀	Creation or assignment of a lease:	22.	Does this property revert to the transferor in 12 years or less? (Clifford Trust)	Vac	☐ No
40 🗆	(date)				<u></u> □ 100
12. 🗀	Termination of a lease:		If you answered no to 21 or 22, attach a copy of t	he trust	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

agreement.



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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				

