CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



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BUYER/TRANSFEREE			RECORDING DA	ТА		
		Date Recorded:				
MAILING ADDRESS		Document Numb	oer:			
SELLER/TRANSFEROR		Assessor's Iden	tification Number:			
			MB PG	PCL		
MAILING ADDRESS		Phone Numbers:				
FIELD LEASE		Buyer: () Seller: ()				
IMPORTANT NOTICE		Sec:	Twp:	Rng:		
The law requires any transferee acquiring an interest in real property or manufactured home subject to local property taxation, and that is assessed by the county assessor, to file a Change in Ownership Statement with the County Recorder or Assessor. The Change in Ownership						
Statement must be filed at the time of recording or, if the transfer is no that where the change in ownership has occurred by reason of death						
the estate is probated, shall be filed at the time the inventory and app						
90 days from the date of a written request by the Assessor results in						
taxes applicable to the new base year value reflecting the change in ov but not to exceed five thousand dollars (\$5,000) if the property is elig						
if the property is not eligible for the homeowners' exemption if that fa						
roll and shall be collected like any other delinquent property taxes, ar	nd be <mark>su</mark> bject to	the same penalties	s for nonpayment.			
A. TRANSFER INFORMATION (Check the appropriate boxes to ind	licate the method	l by which you acq	uired an interest ir	the property.)		
1. Purchase (complete Sections <i>B</i> and <i>C</i> on the reverse side).	13. Was this	transfer solely betw	een husband and w	ife,		
2. Land Sales Contract. A contract for the purchase of property	addition o	of a spouse, divorce	settlement, etc.?	🗌 Yes 📙 No		
in which the seller retains legal title to it after the buyer takes	14. Was this	tran <mark>sa</mark> ction only a c	orrection of the			
possession.		of persons or entitie	s holding title to			
3. Inheritance. Transfer by will or intestate succession.	the prope	rty ?		🗌 Yes 🛄 No		
Date of death	15. If you hol	d title to this proper	ty as a joint tenant,			

Relationship to deceased

4.	Trade or exchange. The above described	pro	perty has	s b	een	
	traded or exchanged for other real property	y or	tangible	ре	rsona	Э
	property.					

- 5. Merger or stock acquisition.
- 6. **Partial interest transfer.** Was less than 100 percent of the property transferred? If **yes**, indicate the percentage transferred ______%.
- 7. **Foreclosure or trustee sale.**
- 8. Gift.
- 9. Life estate.
- 10. Reconveyance (pay-off).

12. Termination of a lease:

11.	Creation or assignment of a lease:

15.	If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?	🗌 Yes	🗌 No
16.	Was this transaction the termination of a joint tenancy interest?	🗌 Yes	🗌 No
17.	Was this transfer between family members or related businesses?	🗌 Yes	🗌 No
18.	Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	Series 1	🗌 No
19.	Was this document recorded to create, assign, or terminate a lender's interest in this property?	🗌 Yes	🗌 No
20.	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	Yes	🗌 No
21.	If the trust is irrevocable, is the transferor or the transferor's spouse the sole present beneficiary?	🗌 Yes	🗌 No
22.	Does this property revert to the transferor in 12 years or less? (<i>Clifford Trust</i>)	🗌 Yes	🗌 No

12 years or less? (Clifford Trust)

agreement.

(Please complete the reverse side.)

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)



EF-502-G-R05-1111-31000359-2 BOE-502-G (P2) REV. 5 (11-11)

B. PROPERTY INFORMATION (Complete each item as it applies to this transaction.)

1.	Seller's name and ad	dress:				
2.	Field name:	Lease r	name:	Parcel number:		
3.	Date sales agreemen	t or letter of intent signed:		Effective transfer date:		
4.	Closing date:	R	ecording document: 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: Pr	oducing Inj	ection	All idle Other		
	Productive acres in th		Total a	cres in the parcel:		
10.	Production rates at ac	quisition: Oil	b/d Gas	mcf/d Waterb/d		
11.	Price received for oil a	and gas at acquisition: Oil		\$/b_ Gas\$/mcf		
12.	Oil gravity:	API Gas:	btu/mc	of Average producing depth: ft		
13.	Proved reserves:	Developed: Oil		_ bbl Gas mcf		
		Undeveloped: Oil		_ bbl Gas mcf		
14.	Were appraisals, eval	uations, cash flow projections or ot	her analyses made to assist i	n establishing a purchase price? 🛛 Yes 🔲 No		
	most relied upon in	ose copies of those appraisals, evan n establishing the purchase price. In in Section D how the purchase p		ns or analyses. Please identify the analysis or appraisal		
15.	Please enclose a cop	y of the following:				
	agreements.			s well as other related agreements or contracts, such as loan		
	wells and related e	equipment, separa <mark>tel</mark> y.		f not included in item 15a. Please list each lease, including		
C.	PURCHASE PRICE	our company books of the total acc OR TRANSFER AMOUNT INFORM	ATION			
	Terms: Total purchas	se price:	Ca	ash to seller:		
				Interest rate(s):		
	Source(s) of financing	(bank, seller, etc.):				
		ted to: Fixed plant & equipment: ₋		Moveable equipment		
D.	REMARKS (Please in	nclude below any additional information	ation about the sale or transfe	r which should be called to the attention of the Assessor.)		
			CERTIFICATION			
Part	OWNERSHIP TYPE prietorship tnership poration er		ements or documents, is true, o	e State of California that the foregoing and all information hereon, correct and complete to the best of my knowledge and belief. This artner.		
		RIZED AGENT (typed or printed)		TITLE		
SIGN	NATURE OF ASSESSEE OR A	JTHORIZED AGENT		DATE		
NAM	IE OF ENTITY (typed or printed	0		FEDERAL EMPLOYER ID NUMBER		
PREI	PARER'S NAME AND ADDRE	SS (typed or printed)		TITLE		
DAY ⁻	TIME TELEPHONE NUMBER	E-MAIL ADDRESS		· · · · ·		



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