EF-502-G-R06-0516-31000094-1 BOE-502-G (P1) REV. 6 (05-16)

## **CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY**

2980 Richardson Dr Auburn CA 95603

Phone: 530-889-4300 Fax: 530-889-4305 assessor@placer.ca.gov

Matthew R. Maynard

**Placer County Assessor** 

File this statement by:

BUYER/T	RANSFEREE		RECORDING DATA	
MAILING	ADDRESS		Date Recorded:	
MAILING	ADDRESS		Document Number:	
SELLER/I	RANSFEROR		Assessor's Identification Number:	
			MB PG	PCL
MAILING	ADDRESS		Phone Numbers:	
			Buyer: ( )	
FIELD	LEASE		Seller:	
				ng:
<b>IMPC</b>	ORTANT NOTICE		Twp.	ig
	v requires any transferee acquiring an interest in real proper			
	ed by the county as <mark>se</mark> ssor, to <mark>fi</mark> le a Chan <mark>ge</mark> in <mark>Ow</mark> ners <mark>hip Stat</mark> ent must be filed at the time of recording or, if the transfer is no			
	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 Assesso <mark>r re</mark> sults 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			
if the p	roperty is not eligible for the homeowners' exemption if that fa	ilure to	o file was not willful. This penalty will be added to	
roll and	I shall be collecte <mark>d like any ot</mark> he <mark>r d</mark> elinque <mark>nt</mark> pro <mark>pe</mark> rty t <mark>axes</mark> , ar	nd be s	ubject to the same penalties for nonpayment.	
A. TF	RANSFER INFORMATION (Check the appropriate boxes to indi	icate tl	he 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	
			or registered domestic partners, divorce settlement,	☐ 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		etc.?	
	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
	Treationship to deceased	16	Was this transaction the termination of a joint	
4	Trade or exchange. The above described property has been	10.	tenancy interest?	☐ Yes ☐ No
	traded or exchanged for other real property or tangible personal property.	47		
_		17.	Was this transfer between family members or related businesses?	☐ Yes ☐ No
5. 🗀	Merger or stock acquisition.			□ les □ l\u
c 🗆	Portial interest transfer Was less than 100 persons of the	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%.			1C3 1V0
		19.	Was this document recorded to create, assign,	□ v □ N-
7. 🗀	Foreclosure or trustee sale.		or terminate a lender's interest in this property?	☐ Yes ☐ No
8	Gift.	20.	Has this property been transferred to a trust?	☐ Yes ☐ No
О. Ш	Ont.		If <b>yes</b> , 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?	
,, $\Box$		22	Does this property revert to the transferor in	
11. 🗀	Creation or assignment of a lease:	44.	12 years or less? (Clifford Trust)	☐ Yes ☐ No
12	Termination of a lease:			
12. L	Termination of a lease:(date)		If you answered no to 21 or 22, attach a copy of	the trust
	(date)		agreement.	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



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. <b>C</b> .	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				

