EF-502-G-R06-0516-31000101-1 BOE-502-G (P1) REV. 6 (05-16)

File this statement by:

## **CHANGE IN OWNERSHIP STATEMENT**



## Matthew R. Maynard **Placer County Assessor**

2980 Richardson Dr Auburn CA 95603 Phone: 530-889-4300 Fax: 530-889-4305 assessor@placer.ca.gov

OIL AND GAS PROPERTY	
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BUYER/TRANSFEREE	RECORDING DATA		
	Date Recorded:		
MAILING ADDRESS	Document Number:		
	Assessor's Identification Number:		
SELLER/TRANSFEROR	MB PG PCL		
	Phone Numbers:		
MAILING ADDRESS			
FIELD LEASE	Buyer:		
	Seller		
IMPORTANT NOTICE	Sec: Twp: Rng:		
	y or manufactured home subject to local property taxation, and that is		
	ment 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	t recorded, within 90 days of the date of the change in ownership, except		
	the statement shall be filed within 150 days after the date of death or, if raisal is filed. The failure to file a Change in Ownership Statement within		
	penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the		
taxes applicable to the new base year value reflecting the change in ow	nership of the real property or manufactured home, whichever is greater,		
	ble for the homeowners' exemption or twenty thousand dollars (\$20,000)		
roll and shall be collected like any other delinquent property taxes, an	l <mark>u</mark> re to file was not wi <mark>llf</mark> ul. This pe <mark>na</mark> lty will be add <mark>ed</mark> to the assessment d be subject to the same penalties for nonpayment.		
A. TRANSFER INFORMATION (Check the appropriate boxes to indi			
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, $\square$ Yes $\square$ No		
<ol> <li>Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes</li> </ol>	etc.?		
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? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		
	16. Was this transaction the termination of a joint		
4. Trade or exchange. The above described property has been	tenancy interest?		
traded or exchanged for other real property or tangible personal 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	18. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar		
property transferred? If <b>yes</b> , indicate the percentage	document?		
transferred%.			
- D	19. Was this document recorded to create, assign, or terminate a lender's interest in this property? ☐ Yes ☐ No		
7. L Foreclosure or trustee sale.			
8. Gift.	20. Has this property been transferred to a trust?		
· = •···	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?		
44 Creation on assignment of a large	22. Does this property revert to the transferor in		
11. Creation or assignment of a lease:	12 years or less? (Clifford Trust) Yes No		
12. Termination of a lease:	, ,		
12. LI TETTITITALION OF A TEASE.	If you answered no to 21 or 22, attach a copy of the trust		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

agreement.

(date)



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, subumed in the acquisition, if not included in item 15a. Please list each lease, it ition price, by specific items.  Cash to seller:	uch as loan including
	. ,	Amount(s): Interest rate(s):	
	Source(s) of financing (bank, seller, etc.):		
D.	Purchase price allocated to: Fixed plant & equipment:	Moveable equipment about the sale or transfer which should be called to the attention of the Ass	sessor.)
		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	I	

