CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



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BUYER/TF	RANSFEREE	RECORDING DATA	RECORDING DATA		
		Date Recorded:			
MAILING A	ADDRESS	Document Number:			
SELLER/T	RANSFEROR	Assessor's Identification Number:			
OLLLIVI		MB PG	PCL		
MAILING A	NDDRESS	Phone Numbers:			
		Buyer: ()			
FIELD	LEASE	Seller:			
IMPO		Sec: Twp: Rng:			
	/ requires any trans <mark>fe</mark> ree acquiring an interest in real propert				
	ed by the county assessor, to file a Change in Ownership State				
	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				
	ite is probated, shall be filed at the time the inventory and appr				
	from the date of a written request by the Assessor results in a				
	oplicable to the new base year value reflecting the change in ow				
	to exceed five thousand dollars (\$5,000) if the property is eligit operty is not eligible for the homeowners' exemption if that fai				
	shall be collected like any other delinquent property taxes, an				
A. TR	ANSFER INFORMATION (Check the appropriate boxes to indi	icate the method by which you acquired an interest in the p	roperty.)		
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 retai <mark>ns</mark> legal title <mark>to</mark> it a <mark>fte</mark> r the buyer <mark>tak</mark> es				
	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.				
	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?	Yes No		
	The design of the second se	16. Was this transaction the termination of a joint			
4. 🗆	Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal		🗌 Yes 🗌 No		
	property.	17. Was this transfer between family members or			
_			Yes 🗌 No		
5. 🗌	Merger or stock acquisition.				
		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	Yes No		
	transferred %.	document?			
	//.	19. Was this document recorded to create, assign,			

- 7. D 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:

(date)

(date)

partner the sole present beneficiary?
22. Does this property revert to the transferor in 12 years or less? (*Clifford Trust*) Yes No
If you answered no to 21 or 22, attach a copy of the trust agreement.

or terminate a lender's interest in this property?

If **yes**, is the trust: Revocable Irrevocable

20. Has this property been transferred to a trust?

21. If the trust is irrevocable, is the transferor or the

transferor's spouse or registered domestic

Yes No

🗌 Yes 🗌 No

Yes No

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

EF-502-G-R06-0516-32000024-2 BOE-502-G (P2) REV. 6 (05-16)

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

1.	Seller's name and address:						
2.	Field name:	Lease name:		Parcel number:			
3.	ate sales agreement or letter of intent signed: Effective transfer dat		transfer date:				
4.	Closing date:	Recording docum	ient: 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: Producing	Injection	All idle	Other			
9.	Productive acres in the parcel:		Total acres in the	parcel:			
10.	Production rates at acquisition:	Oilb/d Gas	s	mcf/d Waterb/d			
	Price received for oil and gas at a		\$/b G	Gas\$/mcf			
12.	Oil gravity:	API Gas:	btu/mcf Averag	e producing depth:ft			
	Proved reserves: Develope			as mcf			
	Undevelope		bbl Ga	asmcf			
14.				ning a purchase price?			
15.	 a. If yes, please enclose copies of those appraisals, evaluations, cash flow projections or analyses. Please identify the analysis or appraisal most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price was determined. Please enclose a copy of the following: a. The sales agreement or contract including all exhibits and amendments thereto, as well as other related agreements or contracts, such as loan agreements. b. A complete listing of all assets acquired and liabilities assumed in the acquisition, if not included in item 15a. Please list each lease, including wells and related equipment, separately. 						
C.	 c. The allocation to your company books of the total acquisition price, by specific items. PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION Terms: Total purchase price: Cash to seller: 						
				Interest rate(s):			
	Source(s) of financing (bank, sell		(inouni(o).				
			Movo	able equipment			
D.	Purchase price allocated to: Fixed plant & equipment: Moveable equipment REMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of the Assessor.)						
		CERTIFIC	CATION				
Prop Part	nership including	(or declare) under penalty of perjury under	r the laws of the State of (nents, is true, correct and	California that the foregoing and all information hereon, complete to the best of my knowledge and belief. This			
	E OF ASSESSEE OR AUTHORIZED AGENT	(typed or printed)		TITLE			
SIGN	ATURE OF ASSESSEE OR AUTHORIZED A	GENT		DATE			
NAMI	E OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUMBER			
PREF	PARER'S NAME AND ADDRESS (typed or pri	inted)		TITLE			
DAYT	IME TELEPHONE NUMBER E-M	IAILADDRESS		1			

