CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

11. Creation or assignment of a lease:

12. Termination of a lease: _

File this statement by:



Peter Aldana Assessor-County Clerk-Recorder County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.asrclkrec.com/

BUYER/TRANSFEREE		RECORDING DATA		
		Date Recorded:		
MAILING	ADDRESS	Document Number:		
		Assessor's Identification Number:		
SELLER/I	TRANSFEROR	MB PG PCL		
MAILING	ADDRESS	Phone Numbers:		
		Buyer: ()		
FIELD	LEASE	Seller:		
		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		
		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		
		mership of the real property or manufactured home, whichever is greater		
		ble for the homeowners' exemption or twenty thousand dollars (\$20,000		
		ilure to file was not willful. This penalty will be added to the assessmen		
roll and	l shall be collect <mark>ed like any other delinquent</mark> pro <mark>pe</mark> rty taxes, an	d be subject to the same penalties for nonpayment.		
A. TR	RANSFER INFORMATION (Check the appropriate boxes to indic	cate the 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 solely between husband and wife,		
		addition of a spouse, divorce settlement, etc.?		
2. 🗆	Land Sales Contract. A contract for the purchase of property	14. Was this transaction only a correction of the		
	in which the seller retains legal title to it after the buyer takes possession.	name(s) of persons or entities holding title to		
_		the property?		
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?		
	Relationship to deceased			
4. 🗌	Trade or exchange. The above described property has been	16. Was this transaction the termination of a joint		
	traded or exchanged for other real property or tangible personal	tenancy interest?		
	property.	17. Was this transfer between family members or		
5.	Merger or stock acquisition.	related businesses?		
э. Ц	merger of stock acquisition.	18. Was this document recorded to substitute a trustee		
6. 🗌	Partial interest transfer. Was less than 100 percent of the	under a deed of trust, mortgage, or other similar		
<u>о</u> . <u> </u>	property transferred? If yes , indicate the percentage	document?		
	transferred%.			
_		19. Was this document recorded to create, assign,		
7. 🗌	Foreclosure or trustee sale.	or terminate a lender's interest in this property?		
• —	017	20. Has this property been transferred to a trust?		
8. Ц	Gift.	If yes , is the trust: Revocable Irrevocable		
₀ □	Life estate.	21. If the trust is irrevocable, is the transferor or the		
э. 🗆	LIE ESLALE.	transferor's spouse the sole present beneficiary? \Box Yes \Box No		
10. 🗌	Reconveyance (pay-off).			
· · ·		22 Does this property revert to the transferor in		

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.

(Please complete the reverse side.)

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)

EF-502-G-R05-1111-33000339-2 BOE-502-G (P2) REV. 5 (11-11)

В.	PROPERTY INFORMATION	(Complete each item as	it applies to this transaction.)
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1.	Seller's name and address: _							
2.	Field name:	Lease name:	Parcel number:					
3.	Date sales agreement or lette	er of intent signed:	Effective transfer date:					
4.	Closing date:	Recording documen	nt: Number: Date:					
	Name, address and phone nu	•	amiliar with the transaction and would be available to answer questions					
6.	Name, address, and phone n	umber of any consultants used in connection	with the transaction:	_				
7.	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 parce	el:	_ Total ac <mark>res</mark> in the parcel:					
10.	Production rates at acquisitio	n: Oilb/d Gas	b/d					
	Price received for oil and gas		\$/b_ Gas\$/mcf					
	Oil gravity:		btu/mcf Average producing depth: ft					
	Proved reserves: Deve							
10.	Undeve	•						
14			e to assist in establishing a purchase price? Yes No					
15. C .	 most relied upon in establ b. If no, please explain in Set Please enclose a copy of the a. The sales agreement or c agreements. b. A complete listing of all as wells and related equipme c. The allocation to your con PURCHASE PRICE OR TRACE Terms: Total purchase price 	lishing the purchase price. ection D how the purchase price was determine following: contract including all exhibits and amendments sets acquired and liabilities assumed in the ac- ent, separately. Inpany books of the total acquisition price, by some INSFER AMOUNT INFORMATION	s thereto, as well as other related agreements or contracts, such as loar cquisition, if not included in item 15a. Please list each lease, including					
	Source(s) of financing (bank,	seller, etc.):						
		Fixed plant & equipment:	Moveable equipment					
D.	REMARKS (Please include b	pelow any additional information about the sale	e or transfer which should be called to the attention of the Assessor.)					
		CERTIFICA	TION	_				
Prop Part	nership inclusion inclusico inclusico inclusico inclusico inclusico inclusico inclusio		ne laws of the State of California that the foregoing and all information hereor nts, is true, correct and complete to the best of my knowledge and belief. Thi er and/or partner.					
NAMI	E OF ASSESSEE OR AUTHORIZED AG	SENT (typed or printed)	TITLE	_				
SIGN	ATURE OF ASSESSEE OR AUTHORIZ		DATE					
NAMI	E OF ENTITY (typed or printed)		FEDERAL EMPLOYER ID NUMBER					
PREF	PARER'S NAME AND ADDRESS (typed	or printed)	TITLE					
DAYT (TIME TELEPHONE NUMBER	E-MAIL ADDRESS	I					

