EF-502-G-R06-0516-33000201-1 BOE-502-G (P1) REV. 6 (05-16)

## CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

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/

BUYI	ER/TR	ANSFEREE		RECORDING DATA		
				Date Recorded:		
MAILING ADDRESS				Document Number:		
				Assessor's Identification Number:		
SELL	.ER/TF	RANSFEROR		MB PG	PCL	
MAIL	ING A	DDRESS		Phone Numbers:		
				Buyer: ( )		
FIELI	D	LEASE		Seller		
			_		ng:	
		RTANT NOTICE			Ü	
		requires any transferee acquiring an interest in real proper of by the county assessor, to file a Change in Ownership Stat				
		ent must be filed at the time of recording or, if the transfer is no				
that	whe	ere the change in ownership has occurred by reason of death	h the st	tatement shall be filed within 150 days after the d	late of death or, if	
		te is probated, shall be filed at the time the inventory and app				
		from the date of a written request by the Assesso <mark>r re</mark> sults in a oplicable to the new base year value reflecting the change in ov				
		to exceed five thousand dollars (\$5,000) if the property is elig				
		operty is not eligible for the homeowners' exemption if that fa			the assessment	
		shall be collected like any other delinquent property taxes, ar				
Α.	TR	ANSFER INFORMATION (Check the appropriate boxes to ind	licate th	he method by which you acquired an interest in the	e property.)	
1.		Purchase (complete Sections B and C on the reverse side).	13.	Was this transfer/addition solely between spouses		
2.	П	Land Sales Contract. A contract for the purchase of property		or registered domestic partners, divorce settlement,	☐ Yes ☐ No	
		in which the seller retains legal title to it after the buyer takes		etc.?		
		possession.	14.	Was this transaction only a correction of the		
3		Inheritance. Transfer by will or intestate succession.		name(s) of persons or entities holding title?	☐ Yes ☐ No	
٥.	Ш	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	
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?	☐ Yes ☐ No	
		property.	17.	Was this transfer between family members or		
5.		Merger or stock acquisition.		related businesses?	☐ Yes ☐ No	
			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		
		property transferred? If <b>yes</b> , indicate the percentage		document?	∐ Yes ∐ No	
		transferred %.	19.	Was this document recorded to create, assign,		
7.		Foreclosure or trustee sale.		or terminate a lender's interest in this property?	☐ Yes ☐ No	
			20.	Has this property been transferred to a trust?	☐ Yes ☐ No	
8.	Ш	Gift.		If <b>yes</b> , is the trust: Revocable Irrevocable		
9.	П	Life estate.	21.	If the trust is irrevocable, is the transferor or the		
٥.				transferor's spouse or registered domestic	☐ Yes ☐ No	
10.		Reconveyance (pay-off).		partner the sole present beneficiary?		
44		Onetten en endemment f. l	22	Does this property revert to the transferor in		
11.	Ш	Creation or assignment of a lease:	<i></i> .	12 years or less? (Clifford Trust)	☐ Yes ☐ No	
12.		Termination of a lease:				
۱۷.		Termination of a lease.		If you answered no to 21 or 22, attach a copy of	tne trust	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

agreement.



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В.	PROPERTY INFORMATION (Complete each item as it applies to this transaction.)						
	Seller's name and address:						
	Field name: Lease name						
3.	Date sales agreement or letter of intent signed:	Effective transfer	date:				
4.	Closing date: Reco	rding document: Number:	Date:				
5.	Name, address and phone number of person with purchasing relative to the transaction:	~	d 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:	,	vners & percentages:				
8.	Number of wells: Producing Injectic	on All idle	Other				
	Productive acres in the parcel:	Total acres in the parcel:					
		b/d Gasmcf					
	Price received for oil and gas at acquisition: Qil	\$/b Gas					
	Oil gravity:API Gas:	btu/mcf Average produc					
			mcf mcf				
	Undeveloped: Oil		mcf				
14	Were appraisals, evaluations, cash flow projections or other						
	<ul> <li>a. If yes, please enclose copies of those appraisals, evalua most relied upon in establishing the purchase price.</li> <li>b. If no, please explain in Section D how the purchase price</li> </ul>	tions, cash flow projections or analyses. Plea					
15.	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.						
	<ul> <li>A complete listing of all assets acquired and liabilities ass wells and related equipment, separately.</li> </ul>	umed in the acquisition, if not included in ite	m 15a. Please list each lease, including				
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:					
	Production and/or conventional loan(s):	Amount(s):	Interest rate(s):				
	Source(s) of financing (bank, seller, etc.):						
D.	Purchase price allocated to: Fixed plant & equipment:	palled to the attention of the Assessor.)					
		CERTIFICATION					
Par Cor	SHELOISHID -	perjury under the laws of the State of California ints or documents, is true, correct and complete I every co-owner and/or partner.					
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	1	TITLE				
SIGN	IATURE OF ASSESSEE OR AUTHORIZED AGENT	1	DATE				
NAM	E OF ENTITY (typed or printed)	f	FEDERAL EMPLOYER ID NUMBER				
PRE	PARER'S NAME AND ADDRESS (typed or printed)	-	TITLE				
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS						

