EF-502-G-R06-0516-33000211-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT

OIL AND GAS PROPERTY



Peter Aldana **Assessor-County Clerk-Recorder**

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

File this sta		

BUYER/TRANSFEREE	RECORDING DATA
	Date Recorded:
MAILING ADDRESS	Document Number:
SELLER/TRANSFEROR	Assessor's Identification Number: MB PG PCL
MAILING ADDRESS	Phone Numbers:
	Buyer: ()
FIELD	Seller:
IMPORTANT NOTICE	Sec: Twp: Rng:
	rty or manufactured home subject to local property taxation, and that is
assessed by the county assessor, to file a Change in Ownership Sta	tement with the County Recorder or Assessor. The Change in Ownership
	not recorded, within 90 days of the date of the change in ownership, except th the statement shall be filed within 150 days after the date of death or, if
	praisal is filed. The failure to file a Change in Ownership Statement within
	a penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the wnership of the real property or manufactured home, whichever is greater,
but not to exceed five thousand dollars (\$5,000) if the property is elig	gible for the homeowners' exemption or twenty thous <mark>an</mark> d dollars (\$20,000)
roll and shall be collected like any other delinquent property taxes, a	a <mark>llu</mark> re t <mark>o file was not willfu</mark> l. This pe <mark>na</mark> lty will be add <mark>ed</mark> to the assessment and be subject to the same penalties for nonpayment.
A. TRANSFER INFORMATION (Check the appropriate boxes to ind	dicate the method by which you acquired an interest in the property.)
Purchase (complete Sections B and C on the reverse side).	13. Was this transfer/addition solely between spouses
2. Land Sales Contract. A contract for the purchase of property	or registered domestic partners, divorce settlement,
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?
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?
	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	topopov interest?
property.	17. Was this transfer between family members or
5. Merger or stock acquisition.	related businesses?
6. Partial interest transfer. Was less than 100 percent 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?
transferred %.	19. Was this document recorded to create, assign,
7. Foreclosure or trustee sale.	or terminate a lender's interest in this property?
8. Gift.	20. Has this property been transferred to a trust?
8. Gift.	If yes , is the trust: Revocable Irrevocable
9. Life estate.	21. If the trust is irrevocable, is the transferor or the
10. Reconveyance (pay-off).	transferor's spouse or registered domestic
11. Creation or assignment of a lease:	22. Does this property revert to the transferor in 12 years or less? (Clifford Trust) Yes No
12. Termination of a lease:	If you answered no to 21 or 22, attach a copy of the trust
	- n vou answereu no io z i or zz. anach a couv oi me ifusi

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

agreement.



B.	PROPERTY INFORMATION (Complete each item as it appl	es to this transaction.)			
1.	Seller's name and address:				
2.	Field name: Lease name	: Parcel number:			
3.	Date sales agreement or letter of intent signed:	Effective transfer date:			
4.	Closing date: Recor	ding document: 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	n connection with the transaction:			
7.	Interest acquired (please report decimal fractions out of totals	e.a., 0.875 out of 1.000).			
		Other working interest owners & percentages:			
8.	Number of wells: Producing Injection	n All idle Other			
		Total acres in the parcel:			
		b/d Gasb/d			
	Price received for oil and gas at acquisition: Oil	\$/b Gas \$/mcf			
	Oil gravity:API Gas:	btu/mcf Average producing depth:ft			
	Proved reserves: Developed: Oil				
	Undeveloped: Oil				
14.		analyses made to assist in establishing a purchase price?			
	 a. If yes, please enclose copies of those appraisals, evaluate most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price. 	ons, cash flow projections or analyses. Please identify the analysis or appraisal was determined.			
15.	Please enclose a copy of the following:				
		amendments thereto, as well as other related agreements or contracts, such as loan			
	agreements.				
	wells and related equipment, separately.	umed in the acquisition, if not included in item 15a. Please list each lease, including			
	c. The allocation to your company books of the total acquisi	ion price, by specific items.			
C.	PURCHASE PRICE OR TRANSFER AMOUNT INFORMATI				
	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.):				
	Purchase price allocated to: Fixed plant & equipment:	Moveable equipment			
D.		about the sale or transfer which should be called to the attention of the Assessor.)			
		CERTIFICATION			
Par	including any accompanying statement declaration is binding on each and	nerjury under the laws of the State of California that the foregoing and all information hereon, at sor documents, is true, correct and complete to the best of my knowledge and belief. This every co-owner and/or partner.			
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	TITLE			
SIGN	IATURE OF ASSESSEE OR AUTHORIZED AGENT	DATE			
NIAL	C OF ENTITY //ward av aviated	FEDERAL FAIRLOVER IS AUTHORS			
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				

