CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Chris Wilhite

Assessor-Recorder-County Clerk County of San Bernardino Assessor's Office 222 W. Hospitality Lane - 4th Floor San Bernardino, CA 92415-0311 www.sbcounty.gov/arc Phone: (909) 387-8307 Toll Free: (877) 885-7654

BUYER/TRANSFEREE	RECORDING DATA			
MAILING ADDRESS SELLER/TRANSFEROR	Date Recorded: Document Number: Assessor's Identification Number: MB PG PCL			
MAILING ADDRESS	Phone Numbers:			
FIELD	Buyer: () Seller: ()			
IMPORTANT NOTICE	Sec: Twp: Rng:			
The law requires any transferee acquiring an interest in real property or manufac assessed by the county assessor, to file a Change in Ownership Statement with the				
Statement must be filed at the time of recording or, if the transfer is not recorded, wi that where the change in ownership has occurred by reason of death the statemen	t shall be filed within 150 days after the date of death or, it			
the estate is probated, shall be filed at the time the inventory and appraisal is filed. 90 days from the date of a written request by the Assessor results in a penalty of eit	ther: (1) one hundred dollars (\$100); or (2) 10 percent of the			
taxes applicable to the new base year value reflecting the change in ownership of the but not to exceed five thousand dollars (\$5,000) if the property is eligible for the ho if the property is not eligible for the homeowners' exemption if that failure to file wa	meowners' exemption or twenty thousand dollars (\$20,000) is not willful. This penalty will be added to the assessmen			
roll and shall be collected like any other delinguent property taxes, and be subject t	to the same penalties for nonpayment.			

A. TRANSFER INFORMATION (Check the appropriate boxes to indicate the method by which you acquired an interest in the property.)

1. 2. 3.	 Purchase (complete Sections B and C on the reverse side). Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes possession. Inheritance. Transfer by will or intestate succession. Date of death	14.	Was this transfer solely between husband and wife, addition of a spouse, divorce settlement, etc.? Was this transaction only a correction of the name(s) of persons or entities holding title to the property? If you hold title to this property as a joint tenant,	Yes Yes	□ No
4. 🗌	Relationship to deceased		is the seller or transferor also a joint tenant? Was this transaction the termination of a joint tenancy interest? Was this transfer between family members or	☐ Yes	□ No
5. 🗌 6. 🗌	Merger or stock acquisition. Partial interest transfer. Was less than 100 percent of the		related businesses? Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar	☐ Yes	🗌 No
7	property transferred? If yes , indicate the percentage transferred %.	19.	document? Was this document recorded to create, assign, or terminate a lender's interest in this property?	Yes Yes	
8.	Gift.	20.	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	Yes	□ No
9.	Life estate.	21.	If the trust is irrevocable, is the transferor or the transferor's spouse the sole present beneficiary?	🗌 Yes	🗌 No
10. □ 11. □	Reconveyance (pay-off). Creation or assignment of a lease:	22.	Does this property revert to the transferor in 12 years or less? (<i>Clifford Trust</i>)	🗌 Yes	🗌 No
12.	(date) Termination of a lease:		If you answered no to 21 or 22, attach a copy of the agreement. (Please complete the reverse side.)		
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THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

EF-502-G-R05-1111-36000648-2 BOE-502-G (P2) REV. 5 (11-11)

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.	Date sales agreement or letter of intent signed:		Effective transfer date:				
4.	Closing date:	Recording 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 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 ac	res in the parcel:				
10.	Production rates at acquisition: Oil	b/d Gas	mcf/d Waterb/d				
11.	Price received for oil and gas at acquisition: Oi	1	_ \$/b_ Gas\$/mcf				
12.	Oil gravity: API Ga	as: btu/mct	Average producing depth: ft				
	Proved reserves: Developed: Oil		.bbl Gas mcf				
	-		bbl Gasmcf				
14.	Were appraisals, evaluations, cash flow projection	ons or other analyses made to assist ir	n establishing a purcha <mark>se</mark> price? 🔲 Yes 🔲 No				
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. 5. 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 						
C.	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. 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, seller, etc.):						
D.	Purchase price allocated to: Fixed plant & equ	ipment:	Moveable equipment which should be called to the attention of the Assessor.)				
	OWNERSHIP TYPE	CERTIFICATION					
Prop Part	orietorship I certify (or declare) und nership including any accompany poration declaration is binding		e State of California that the foregoing and all information hereon, prrect and complete to the best of my knowledge and belief. This rtner.				
NAM	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)		TITLE				
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT			DATE				
NAME OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUMBER				
PREF	PREPARER'S NAME AND ADDRESS (typed or printed) TITLE						
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS							

