EF-502-G-R06-0516-38000195-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

Assessor-Recorder
Office of the Assessor-Recorder
1 Dr. Carlton B. Goodlett Place - Room 190
San Francisco, CA 94102

www.sfassessor.org (415) 554-5596

Joaquin Torres

File this statement by:

BUYER/TRANSFEREE	RECORDING DATA
	Date Recorded:
MAILING ADDRESS	Document Number:
	Assessor's Identification Number:
SELLER/TRANSFEROR	MB PG PCL
	Phone Numbers:
MAILING ADDRESS	,
FIELD	Buyer: ()
FIELD	Seller:
	Sec: Twp: Rng:
IMPORTANT NOTICE	
	y or manufactured home subject to local property taxation, and that is
	ment with th <mark>e County Recorder</mark> or Asse <mark>ss</mark> or. The C <mark>ha</mark> nge 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
90 days from the date of a written request by the Assessor results in a	penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the
	nership of the real property or manufactured home, whichever is greater,
	ble for the homeowners' exemption or twenty thousand dollars (\$20,000) llure to file was not willful. This penalty will be added to the assessment
roll and shall be collected like any other delinquent property taxes, an	
A. TRANSFER INFORMATION (Check the appropriate boxes to indi	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/addition solely between spouses
	or registered domestic partners, divorce settlement,
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
possession.	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?
Relationship to deceased	is the seller of transferor also a joint tenant?
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
	related businesses?
5. Merger or stock acquisition.	
6. Partial interest transfer. Was less than 100 percent of the	18. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar
property transferred? If yes , indicate the percentage	document?
transferred %.	
	19. Was this document recorded to create, assign,
7. L Foreclosure or trustee sale.	or terminate a lender's interest in this property? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
	20. Has this property been transferred to a trust?
8. L Gift.	If yes , is the trust: Revocable Irrevocable
9. Life estate.	21. If the trust is irrevocable, is the transferor or the
10 December (new off)	transferor's spouse or registered domestic
10. Reconveyance (pay-off).	partner the sole present beneficiary?
44 Creation on analysmment of a larger	22. Does this property revert to the transferor in
11. Creation or assignment of a lease:	12 years or less? (Clifford Trust) Yes \(\subseteq \text{ No.} \)
(date)	
12 Termination of a lease:	If you a manufacture to 24 and 22 attack a compact the twenty

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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.	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:	
10.		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?	
		ons, cash flow projections or analyses. Please identify the analysis or appraisal	
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 $\mbox{\sc loan}$	
	agreements.		
	 A complete listing of all assets acquired and liabilities ass 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	ON	
	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.	REMARKS (Please include below any additional information	about the sale or tran <mark>sfer which s</mark> hould 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, ats or 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	
NIANA	E OF ENTITY (hand as printed)	FEDERAL EMPLOYED ID MUMDER	
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		

