CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

11. Creation or assignment of a lease:

12. Termination of a lease: _

File this statement by:



Joseph E. Holland County Clerk, Recorder and Assessor P.O. Box 159, Santa Barbara, CA 93102-0159 Santa Barbara (805) 568-2550 Santa Maria (805) 346-8310

BUYER/TRANSFEREE	RECORDING DATA	RECORDING DATA		
	Date Recorded:			
MAILING ADDRESS	Document Number:			
SELLER/TRANSFEROR	Assessor's Identification Number:			
SELLER/TRANSFERUR	MB PG	PCL		
MAILING ADDRESS	Phone Numbers:			
	Buyer: ()			
FIELD	Seller:			
IMPORTANT NOTICE	Sec: Twp: Rng	g:		
The law requires any transferee acquiring an interest in real proper	ty or manufactured home subject to local property taxat	ion, and that is		
assessed by the county assessor, to file a Change in Ownership Stat Statement must be filed at the time of recording or, if the transfer is no				
that where the change in ownership has occurred by reason of death				
the estate is probated, shall be filed at the time the inventory and app				
90 days from the date of a written request by the Assesso <mark>r re</mark> sults in a taxes applicable to the new base year value reflecting the change in or				
but not to exceed five thousand dollars (\$5,000) if the property is elig				
if the property is not eligible for the homeowners' exemption if that fa	a <mark>ilu</mark> re to file was not willful. This penalty will be added to '			
roll and shall be collected like any other delinquent property taxes, a	nd be subject to the same penalties for nonpayment.			
A. TRANSFER INFORMATION (Check the appropriate boxes to ind	licate 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			
2. 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		
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. D Partial interest transfer. Was less than 100 percent of the	under a deed of trust, mortgage, or other similar			
property transferred? If yes , 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. 🗌 Gift.	If yes, is the trust: Revocable Irrevocable			
	-			
9. Life estate.	 If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic 	🗌 Yes 🗌 No		
10. Reconveyance (pay-off).	partner the sole present beneficiary?			

22.	Does this property revert to the transferor in	_	_
	12 years or less? (Clifford Trust)	🗌 Yes	L No

If you answered no to 21 or 22, attach a copy of the trust agreement.

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)

EF-502-G-R06-0516-42000318-2 BOE-502-G (P2) REV. 6 (05-16)

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		Effective transfer date:				
4.	Closing date:	Recording docume	ent: Number: Date:				
5.		umber of person with purchasing firm who is	familiar with the transaction and would be available to answer ques	stions			
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				
	Productive acres in the parce		Total acres in the parcel:				
	Production rates at acquisitic	n: Oilb/d Gas	mcf/d Water	_b/d			
	Price received for oil and gas		\$/b Gas \$/	/mcf			
	Oil gravity:		btu/mcf Average producing depth:	ft			
	Proved reserves: Deve		bbl Gas				
	Undeve						
14.			de to assist in establishing a purchase price? 🔲 Yes 🔲 No				
15. C.	 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. 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. 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. 						
0.	Terms: Total purchase price	ANSFER AMOUNT INFORMATION	Cash to seller:				
			mount(s): Interest rate(s):				
		seller, etc.):					
			Moveable equipment				
D.	Purchase price allocated to: Fixed plant & equipment: Moveable equipment REMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of the Assessor.)						
		CERTIFIC	ATION				
	OWNERSHIP TYPE						
Part	nership incl poration dec		the laws of the State of California that the foregoing and all information l ents, is true, correct and complete to the best of my knowledge and belie ner and/or partner.				
NAMI	E OF ASSESSEE OR AUTHORIZED AG	GENT (typed or printed)	TITLE				
SIGN	ATURE OF ASSESSEE OR AUTHORIZ	ED AGENT	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					

