CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

12. Termination of a lease:



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
	Date Recorded:
MAILING ADDRESS	Document Number:
SELLER/TRANSFEROR	Assessor's Identification Number:
SELLER/TRANSFEROR	MB PG PCL
MAILING ADDRESS	Phone Numbers:
	Buyer: ()
FIELD LEASE	Seller:
	Sec: Twp: Rng:
IMPORTANT NOTICE	
	ty or manufactured home subject to local property taxation, and that is
	ement with the County Recorder or Assessor. The Change in Ownership of 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
the estate is probated, shall be filed at the time the inventory and app	raisal 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
	nership of the real property or manufactured home, whichever is greater,
	ble for the homeowners' exemption or twenty thousand dollars (\$20,000) ilure to file was not willful. This penalty will be added to the assessment
roll and shall be collected like any other delinquent property taxes, ar	
A. TRANSFER INFORMATION (Check the appropriate boxes to ind	
	13. Was this transfer/addition solely between spouses
1. Purchase (complete Sections B and C on the reverse side).	or registered domestic partners, divorce settlement, Yes No
2. Land Sales Contract. A contract for the purchase of property	etc.?
in which the seller retains legal title to it after the buyer takes	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.	
Date of death	If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?
Relationship to deceased	
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
5. Merger or stock acquisition.	related businesses?
	18. Was this document recorded to substitute a trustee
6. Deartial 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?
transferred%.	19. Was this document recorded to create, assign,
7. D Foreclosure or trustee sale.	or terminate a lender's interest in this property?
8. 🗌 Gift.	20. Has this property been transferred to a trust?
	If yes , is the trust: A Revocable Irrevocable
9. Life estate.	21. If the trust is irrevocable, is the transferor or the
40 D b (m	transferor's spouse or registered domestic
10. Reconveyance (pay-off).	partner the sole present beneficiary?
11. Creation or assignment of a lease:	22. Does this property revert to the transferor in
11. Creation or assignment of a lease:	

22.	Does this property revert to the transferor in		
	12 years or less? (Clifford Trust)	🗌 Yes	🗌 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-R06-0516-42000195-2 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 transfer date:				
4.	Closing date:	Recording docum	nt: 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 repo	rt decimal fractions out of total: e.g., 0.875	put of 1.000).				
	. 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 Othe	r			
9.	Productive acres in the parcel:		_ Total acres in the parcel:	A			
10.	Production rates at acquisition	: Oilb/d Gas	mcf/d Water	b/d			
11.	Price received for oil and gas a	at acquisition: Oil	\$/b Gas	\$/mcf			
	Oil gravity:		btu/mcf Average producing depth:	ft			
	Proved reserves: Develo						
	Undevel	•					
14							
	 4. Were appraisals, evaluations, cash flow projections or other analyses made to assist in establishing a purchase price? Yes No 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 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 another the acquisition of a state of the acquisition. 						
C.							
	Terms: Total purchase price:		Cash to seller:				
			mount(s): Intere	st rate(s):			
	Source(s) of financing (bank, s	eller, etc.):					
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				
Part	nership inclue poration decla	fy (or declare) under penalty of perjury under	the laws of the State of California that the foregoing nts, is true, correct and complete to the best of my k				
	E OF ASSESSEE OR AUTHORIZED AGE	NT (typed or printed)	TITLE				
SIGN	IATURE OF ASSESSEE OR AUTHORIZE	DAGENT	DATE				
NAME OF ENTITY (typed or printed)			FEDERAL EMPLOYER	ID NUMBER			
PREI	PARER'S NAME AND ADDRESS (typed o	r printed)	TITLE				
DAY (TIME TELEPHONE NUMBER	E-MAIL ADDRESS					

