## CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



## Greg Monteverde

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BUYER/TRANSFEREE	RECORDING DATA
	Date Recorded:
MAILING ADDRESS	Document Number:
	Assessor's Identification Number:
SELLER/TRANSFEROR	MB PG PCL
MAILING ADDRESS	Phone Numbers:
	Buyer:
FIELD	Seller:
	Sec: Twp: Rng:
IMPORTANT NOTICE	
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 statement	
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	
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 hor	
if the property is not eligible for the homeowners' exemption if that failure to file wa	
roll and shall be collected like any other delinquent property taxes, and be subject to	o the same penalties for nonpayment.
A. TRANSFER INFORMATION (Check the appropriate boxes to indicate the method	od by which you acquired an interest in the property.)
1. <b>Purchase</b> (complete Sections B and C on the reverse side). 13. Was thi	s transfer/addition solely between spouses
2. Land Sales Contract. A contract for the purchase of property	tered domestic partners, divorce settlement, 🛛 Yes 🗌 No

	(date)		agreement.		
12. 🗌	Termination of a lease:	of a lease:		he trust	
11. 🗌	Creation or assignment of a lease: (date)	22.	Does this property revert to the transferor in 12 years or less? ( <i>Clifford Trust</i> )	🗌 Yes	🗌 No
10. 🗌	Reconveyance (pay-off).		transferor's spouse or registered domestic partner the sole present beneficiary?	∐ Yes	∟ No
9. 🗌	Life estate.	21.	If the trust is irrevocable, is the transferor or the		
8. 🗌	Gift.	20.	Has this property been transferred to a trust? If <b>yes</b> , is the trust: Revocable Irrevocable	🗌 Yes	🗌 No
7.	Foreclosure or trustee sale.	19.	Was this document recorded to create, assign, or terminate a lender's interest in this property?	🗌 Yes	🗌 No
6.	<b>Partial interest transfer.</b> Was less than 100 percent of the property transferred? If <b>yes</b> , indicate the percentage transferred%.	18.	Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	Yes	🗌 No
4.	Trade or exchange. The above described property has beentraded or exchanged for other real property or tangible personalproperty.Merger or stock acquisition.	17.	Was this transaction the termination of a joint tenancy interest? Was this transfer between family members or related businesses?	Yes Yes	_
3.	Inheritance. Transfer by will or intestate succession. Date of death Relationship to deceased		If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?	☐ Yes	🗌 No
2.	Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes possession.	14.	etc.? Was this transaction only a correction of the name(s) of persons or entities holding title?	□ Yes	_

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

## EF-502-G-R06-0516-43000223-2 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.	2. Field name: Lease name:		Parcel number:						
3.	Date sales agreement or letter of intent signed:		Effective transfer date:	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).						
	<ul> <li>Interest acquired (please report decimal fractions out of total; e.g., 0.875 out of 1.000).</li> <li>Revenue interest: Working interest: Other working interest owners &amp; percentages:</li> </ul>								
8.	Number of wells: Producing	Injection	All idle Othe	r					
9.	Productive acres in the parcel:		_ Total acres in the parcel:	<b>A</b>					
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			te to assist in establishing a purchase price?						
	a. If <b>yes</b> , please enclose copi most relied upon in establis	es of those appraisals, evaluations, cash fl hing the purchase price. tion D how the purchase price was determ	w projections or analyses. Please identify the ar						
	agreements. b. A complete listing of all ass	ets acquired and liabilities assumed in the	is thereto, as well as other related agreements of acquisition, if not included in item 15a. Please list						
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 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						
NAM	E OF ENTITY (typed or printed)		FEDERAL EMPLOYER	FEDERAL EMPLOYER ID NUMBER					
PREI	PARER'S NAME AND ADDRESS (typed o	r printed)	TITLE						
DAY (	TIME TELEPHONE NUMBER	E-MAIL ADDRESS							

