CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Yes No

🗌 Yes 🗌 No

🗌 Yes 🗌 No

🗌 Yes 🗌 No

🗌 Yes 🗌 No

Yes No

🗌 Yes 🗌 No

🗌 Yes 🗌 No

BUYER/TRANSFEREE	RECORDING DATA
	Date Recorded:
MAILING ADDRESS	Document Number:
	Assessor's Identification Number:
SELLER/TRANSFEROR	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 manufact 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, wit 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 eith 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 hom if the property is not eligible for the homeowners' exemption if that failure to file was roll and shall be collected like any other delinquent property taxes, and be subject to	County Recorder or Assessor. The Change in Ownership hin 90 days of the date of the change in ownership, except shall be filed within 150 days after the date of death or, if The failure to file a Change in Ownership Statement within her: (1) one hundred dollars (\$100); or (2) 10 percent of the real property or manufactured home, whichever is greater, neowners' exemption or twenty thousand dollars (\$20,000) s not willful. This penalty will be added to the assessment
A. TRANSFER INFORMATION (Check the appropriate boxes to indicate the metho	nd by which you acquired an interest in the property.)
2. Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes	s transfer/addition solely between spouses ered domestic partners, divorce settlement, Yes No s transaction only a correction of the

3.		Inheritance. Transfe	r by	will or in	tes	state	suc	ccession.
		Date of death	ath					
	Relationship to deceased							

4.	Trade or exchange. The above described	pro	perty has	s be	een	
	traded or exchanged for other real property	or	tangible	pei	rsona	a
	property.					

5. Merger or stock acquisition.

- 6. Derived Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage · %. transferred _____
- 7. Foreclosure or trustee sale.
- 8. Gift.
- 9. Life estate.
- 10. Reconveyance (pay-off).

12. Termination of a lease:

11.	Creation or assignment of a lease:
	-

partner the sole present beneficiary? 22. Does this property revert to the transferor in 🗌 Yes 🗌 No 12 years or less? (Clifford Trust) If you answered no to 21 or 22, attach a copy of the trust agreement.

name(s) of persons or entities holding title? 15. If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?

16. Was this transaction the termination of a joint

Was this transfer between family members or

18. Was this document recorded to substitute a trustee

under a deed of trust, mortgage, or other similar

or terminate a lender's interest in this property?

If yes, is the trust: Revocable Irrevocable

19. Was this document recorded to create, assign,

20. Has this property been transferred to a trust?

21. If the trust is irrevocable, is the transferor or the

transferor's spouse or registered domestic

tenancy interest?

related businesses?

document?

17

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)



EF-502-G-R06-0516-47000187-2 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	ient: 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 numb	per of any consultants used in connection	on 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 acres in the	parcel:				
10.	Production rates at acquisition:	Oilb/d Gas	s	mcf/d Waterb/d				
	Price received for oil and gas at a		\$/b G	Gas\$/mcf				
12.	Oil gravity:	API Gas:	btu/mcf Averag	e producing depth:ft				
	Proved reserves: Develope			as mcf				
	Undevelope		bbl Ga	asmcf				
14.				ning a purchase price?				
15.	most relied upon in establishi b. If no , please explain in Section Please enclose a copy of the follo a. The sales agreement or contr agreements.	ng the purchase price. In D how the purchase price was detern owing: ract including all exhibits and amendments s acquired and liabilities assumed in the	nined. nts thereto, as well as o	ses. Please identify the analysis or appraisal ther related agreements or contracts, such as loan ded in item 15a. Please list each lease, including				
C.	c. The allocation to your compar PURCHASE PRICE OR TRANS	ny books of the total acquisition price, b						
				Interest rate(s):				
	Source(s) of financing (bank, sell		(inouni(o).					
	Purchase price allocated to: Fix		Movo	able equipment				
D.				ould be called to the attention of the Assessor.)				
		CERTIFIC	CATION					
Prop Part	nership including	(or declare) under penalty of perjury under	r the laws of the State of (nents, is true, correct and	California that the foregoing and all information hereon, complete to the best of my knowledge and belief. This				
	E OF ASSESSEE OR AUTHORIZED AGENT	(typed or printed)		TITLE				
SIGN	ATURE OF ASSESSEE OR AUTHORIZED A	GENT		DATE				
NAME OF ENTITY (typed or printed)				FEDERAL EMPLOYER ID NUMBER				
PREF	PARER'S NAME AND ADDRESS (typed or pri	inted)		TITLE				
DAYT	IME TELEPHONE NUMBER E-M	IAILADDRESS		1				

