CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



William F Rousseau Sonoma County Clerk-Recorder-Assessor 585 Fiscal Drive, Room 104 Santa Rosa, CA 95403 TELEPHONE: (707) 565-1888 FAX: (707) 565-3317

BUYER/T	RANSFEREE	RECORDING DATA
		Date Recorded:
MAILING	ADDRESS	Document Number:
		Assessor's Identification Number:
SELLER/1	TRANSFEROR	MB PG PCL
		Phone Numbers:
MAILING	ADDRESS	
FIELD	LEASE	Buyer: () Seller:
IMPC		Sec: Twp: Rng:
-		ty or manufactured home subject to local property taxation, and that is
assess	ed by the county assessor, to file a Change in Ownership Stat	ement with the County Recorder or Assessor. The Change in Ownership
		ot recorded, within 90 days of the date of the change in ownership, except
		n the statement shall be filed within 150 days after the date of death or, it praisal 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
taxes a	pplicable to the new base year value reflecting the change in ov	whership of the real property or manufactured home, whichever is greater
		ible for the homeowners' exemption or twenty thousand dollars (\$20,000)
	roperty is not eligible for the nomeowners' exemption if that fa I shall be collected like any other delinquent property taxes, ar	allure to file was not willful. This penalty will be added to the assessment
A. Ir	KANSFER 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
2.	in which the seller retains legal title to it after the buyer takes	etc.?
	possession.	14. Was th <mark>is</mark> transaction only a correction of the
•		name(s) of persons or entities holding title?
3.		15. If you hold title to this property as a joint tenant,
	Date of death	is the seller or transferor also a joint tenant?
		40 Mins this town with the bound of a finite
4.		16. Was this transaction the termination of a joint tenancy interest?
	traded or exchanged for other real property or tangible personal	
	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.	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?
	transferred%.	19. Was this document recorded to create, assign,
7.	Foreclosure or trustee sale.	or terminate a lender's interest in this property?
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8.	Gift.	20. Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable

- 9. Life estate.
- 10. Reconveyance (pay-off).

12. Termination of a lease:

11. Creation or assignment of a lease:

12 years or less? (Clifford Trust)	🗌 Yes
If you answered no to 21 or 22, attach a copy of a agreement.	the trust

Yes No

🗌 No

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

transferor's spouse or registered domestic

partner the sole present beneficiary?22. Does this property revert to the transferor in

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)

EF-502-G-R06-0516-49000274-2 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 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			te to assist in establishing a purchase price?				
	 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 wolls and related agriement. 						
C.	wells and related equipment, separately. c. The allocation to your company books of the total acquisition price, by specific items. PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION						
	Terms: Total purchase price:		Cash to seller:				
			mount(s): Intere	st rate(s):			
	Source(s) of financing (bank, seller, 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				
NAM	E 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					

