EF-502-G-R06-0516-49000185-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

Deva Marie Proto Sonoma County Clerk-Recorder-Assessor 585 Fiscal Drive, Room 104

Santa Rosa, CA 95403 TELEPHONE: (707) 565-1888

FAX: (707) 565-3317

File this statement by:

DI 0.5		ANOTED F		RECORDING DATA	
RUYE	:K/IR	ANSFEREE			
MAILI	ING A	DDRESS		Date Recorded:	
				Document Number:	·
SELL	ER/TF	RANSFEROR		Assessor's Identification Number: MB PG	PCL
					PCL
MAILI	ING A	DDRESS		Phone Numbers:	
FIELD)	LEASE		Buyer:	
				Seller:	
1841	D	DTANT NOTICE		Sec: Twp: Rr	ng:
IMPORTANT NOTICE					-41
		requires any transferee acquiring an interest in real proper ed by the county assessor, to file a Change in Ownership State			
		ent must be filed at the time of recording or, if the transfer is no			
		ere the change in ownership has occurred by reason of death			
		te is probated, shall be filed at the time the inventory and app			
		from the date of a written request by the Assessor results in a			
		oplicable to the ne <mark>w ba</mark> se year value <mark>reflecti</mark> ng the <mark>chan</mark> ge in ow			
		to exceed five thousand dollars (\$5,000) if the property is eligi			
		operty is not eligible for the hom <mark>eowners' e</mark> xemption if that fa shall be collected like any other delinquent property taxes, ar			tne assessmen
			_		
Α.	TR	ANSFER INFORMATION (Check the appropriate boxes to indi	icate ti	he 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	
_				or registered domestic partners, divorce settlement,	☐ Yes ☐ No
2.	Ш	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.	17.	name(s) of persons or entities holding title?	☐ Yes ☐ No
3.		Inheritance. Transfer by will or intestate succession.			
		Date of death	-1 5.	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 on such and a The should described a state has been	16.	Was this transaction the termination of a joint	
4.	ш	Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal		tenancy interest?	Yes No
		property.	17	Was this transfer between family members or	
	_	property.	11.	related businesses?	☐ Yes ☐ No
5.	Ш	Merger or stock acquisition.		related businesses?	□ res □ inc
			18.	Was this document recorded to substitute a trustee	
6.	Ш	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	П	Foreclosure or trustee sale.		or terminate a lender's interest in this property?	☐ Yes ☐ No
1.	ш	rotectosure of trustee sale.			
8		Gift.	20.	Has this property been transferred to a trust?	☐ Yes ☐ No
0.	ш	Girt.		If yes , is the trust: Revocable Irrevocable	
9		Life estate.	21	If the trust is irrevocable, is the transferor or the	
٥.	1	2110 000001	-1.	transferor's spouse or registered domestic	☐ Yes ☐ No
10.		Reconveyance (pay-off).		partner the sole present beneficiary?	1C3 INC
				paration the sole present belieficially:	
11	\Box	Creation or assignment of a lease:	22.	Does this property revert to the transferor in	
11.		(date)		12 years or less? (Clifford Trust)	☐ Yes ☐ No
12.		Termination of a lease:			4h - 4
14.		(date)		If you answered no to 21 or 22, attach a copy of t	ne trust
		(uaic)		agreement.	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION (Complete each item as it appl	lies to this transaction.)					
1.	Seller's name and address:						
2.	Field name: Lease name	e: Parcel number:					
3.	Date sales agreement or letter of intent signed:	Effective transfer date:					
4.	Closing date: Recor	rding document: Number: Date:					
5.	Name, address and phone number of person with purchasing relative to the transaction:	g firm who is familiar with the transaction and would be available to answer	questions				
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 Injectio	on All idle Other					
9.	Productive acres in the parcel:	Total acres in the parcel:					
10.	Production rates at acquisition: Oil		b/d				
	Price received for oil and gas at acquisition: Oil	\$/b Gas	\$/mcf				
	Oil gravity:API Gas:		ft				
	Proved reserves: Developed: Oil	bbl Gas	mcf				
	Undeveloped: Oil —		mcf				
14.		analyses made to assist in establishing a purchase price?					
15. C .	most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price. Please enclose a copy of the following: a. The sales agreement or contract including all exhibits and agreements. b. A complete listing of all assets acquired and liabilities ass wells and related equipment, separately. c. The allocation to your company books of the total acquisite purchase price or transfer amount information. Terms: Total purchase price:	d amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such as the second of the s	ich as Ioan				
	. ,	Amount(s): Interest rate(s):					
	Source(s) of financing (bank, seller, etc.):						
D.	Purchase price allocated to: Fixed plant & equipment:	about the sale or transfer which should be called to the attention of the Ass	Moveable equipmentsale or transfer which should be called to the attention of the Assessor.)				
		CERTIFICATION					
Pari Cor Oth	nership including any accompanying statement declaration is binding on each and er						
NAM	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	TITLE					
SIGN	ATURE OF ASSESSEE OR AUTHORIZED AGENT	DATE					
NAM	E OF ENTITY (typed or printed)	FEDERAL EMPLOYER ID NUMBER					
PRE	PARER'S NAME AND ADDRESS (typed or printed)	TITLE					
DAY (TIME TELEPHONE NUMBER E-MAIL ADDRESS						

