CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

11. Creation or assignment of a lease:

12. Termination of a lease: _

File this statement by:



Kathy Scriven Sutter County Assessor 1160 Civic Center Blvd., Suite D Yuba City, CA 95993 Phone Number: (530) 822-7160 Fax Number: (530) 822-7198 Email: assessor@co.sutter.ca.us

BUYER/TR	RANSFEREE	RECORDING DATA
		Date Recorded:
MAILING	ADDRESS	Document Number:
		Assessor's Identification Number:
SELLER/I	RANSFEROR	MB PG PCL
MAILING	ADDRESS	Phone Numbers:
FIELD	LEASE	Buyer: () Seller: ()
The law assess Statement that wh the esta 90 days taxes a but not if the pr	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 not ere the change in ownership has occurred by reason of death ate is probated, shall be filed at the time the inventory and appra from the date of a written request by the Assessor results in a pplicable to the new base year value reflecting the change in own to exceed five thousand dollars (\$5,000) if the property is eligit	Sec: Twp: Rng: or manufactured home subject to local property taxation, and that is ment with the County Recorder or Assessor. The Change in Ownership trecorded, 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 aisal is filed. The failure to file a Change in Ownership Statement within 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) lure to file was not willful. This penalty will be added to the assessment
		cate 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 in which the seller retains legal title to it after the buyer takes possession.	or registered domestic partners, divorce settlement, Yes No etc.? 14. Was this transaction only a correction of the
3.	Inheritance. Transfer by will or intestate succession. Date of death Relationship to deceased	name(s) of persons or entities holding title? Yes No 15. If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant? Yes No
4. 🗌	Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal	16. Was this transaction the termination of a joint tenancy interest?
5. 🗌	property. Merger or stock acquisition.	17. Was this transfer between family members or related businesses?
6. 🗌	Partial interest transfer. Was less than 100 percent of the property transferred? If yes , indicate the percentage transferred%.	18. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?
7. 🗌	transferred %. Foreclosure or trustee sale.	19. Was this document recorded to create, assign, or terminate a lender's interest in this property? □ Yes □ No
8. 🗌	Gift.	20. Has this property been transferred to a trust? Yes No If yes , is the trust: Revocable Irrevocable
9. 🗌 10. 🗌	Life estate. Reconveyance (pay-off).	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		
	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-R06-0516-51000392-2 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 let	ter of intent signed:	Ef	ffective transfer date:					
4.	Closing date:	Recording doc	ument: Number:	Date:					
5.		number of person with purchasing firm wh		e transaction and would be available to answer que	stions				
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: Producin	g Injection	All	idle Other					
9.	Productive acres in the parc	el:	Total acres	s in the parcel:					
10.	Production rates at acquisiti	on: Oilb/d O	Gas	mcf/d Water	b/d				
	Price received for oil and ga			\$/b_ Gas	S/mcf				
12.	Oil gravity:	API Gas:	btu/mcf	Average producing depth:	ft				
	Proved reserves: Dev			bl Gas	mcf				
		eloped: Oil	bt	bl Gas	mcf				
14.				stablishing a purchase price? 🗌 Yes 🗌 No					
15. C.	 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. i. 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 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: Production and/or conventional loan(s): Menount(s): Interest rate(s): 								
		x, seller, etc.):							
D.	Purchase price allocated to:	Fixed plant & equipment:		Moveable equipment					
		CERTI	FICATION						
Part	nership inc poration de		cuments, is true, corre	tate of California that the foregoing and all information ect and complete to the best of my knowledge and bei ner.					
NAM	E OF ASSESSEE OR AUTHORIZED A	GENT (typed or printed)		TITLE					
SIGN	ATURE OF ASSESSEE OR AUTHORI	ZED AGENT		DATE					
NAME OF ENTITY (typed or printed)				FEDERAL EMPLOYER ID NUMBER					
PREI	PARER'S NAME AND ADDRESS (type	d or printed)		TITLE					
DAY1 (IME TELEPHONE NUMBER	E-MAIL ADDRESS							

