CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

12. Termination of a lease: _



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/TRANSFEREE			RECORDING DATA			
			Date Recorded:			
MAILING	ADDRESS		Document Numb	oer:		
SELLER/	RANSFEROR		Assessor's Iden	tification Number:		
OLLLIVI				MB PG	PCL	-
MAILING	ADDRESS		Phone Numbers:			
			Buyer: ()			
FIELD	LEASE					
			Seller:			
IMPC			Sec:	Twp:	Rng:	
-	v requires any transferee acquiring an interest in real property	y or manufact	ured home subject	to local property ta	axation, and	d that is
assess	ed by the county assessor, to file a Change in Ownership State	ment with the	County Recorder of	or Assessor. The Ch	l <mark>a</mark> nge in Ow	vnership
Statem	ent must be filed at the time of recording or, if the transfer is not	t recorded, wit	hin 90 days of the c	late of the change in	ownership	, except
	nere the change in ownership has occurred by reason of death ate is probated, shall be filed at the time the inventory and appr					
	s from the date of a written request by the Assessor results in a					
taxes a	pplicable to the new base year value reflecting the change in ow	nership of the	real property or ma	nufactured home, w	nichever is	greater,
	to exceed five thousand dollars (\$5,000) if the property is eligit					
	roperty is not eligible for the homeowners' exemption if that fai				to the asse	essment
	I shall be collected like any other delinquent property taxes, an					
A. TF	RANSFER INFORMATION (Check the appropriate boxes to indic	cate the metho	d by which you acq	quired an interest in t	the property	1.)
1.	Purchase (complete Sections B and C on the reverse side).	13. Was this	transfer/addition so	lely between spouses	3	
-		or regist	ered domestic partne	ers, d <mark>ivorce settlem</mark> er	nt, 🗌 Yes	🗌 No
2.	Land Sales Contract. A contract for the purchase of property	etc.?				
	in which the seller retains legal title to it after the buyer takes possession.	14 Was this	transaction only a	correction of the		
			of persons or entitie		🗌 Yes	🗌 No
3.	Inheritance. Transfer by will or intestate succession.	15 If you bo	old title to this proper	ty as a joint tenant		
	Date of death	-	ller or transferor also		Ves	No
	Relationship to deceased					
4.	Trade or exchange. The above described property has been		transaction the term	nination of a joint	\Box	□
	traded or exchanged for other real property or tangible personal	tenancy	interest?		⊥ Yes	∐ No
	property.	17. Was this	<mark>transfer betw</mark> een fa	mily members or	_	
5.	Merger or stock acquisition.	related b	ousinesses?		Yes	L No
0.		18. Was this	document recorded	to substitute a truste	е	
6.	Partial interest transfer. Was less than 100 percent of the		deed of trust, mortga		-	
	property transferred? If yes, indicate the percentage	docume	nt?	-	🗌 Yes	🗌 No
	transferred%.	10 Mas this	document recorded	to create assign		
7	Foreclosure or trustee sale.		nate a lender's intere	-	Yes	No No
7.						_
8.	Gift.		property been trans		∐ Yes	L No
··		lf yes ,	is the trust: 🛄 Revo	ocable 🗌 Irrevocab	le	
9.	Life estate.	21. If the tru	st is irrevocable, is tl	he transferor or the		
			or's spouse or registe		🗌 Yes	🗌 No
10.	Reconveyance (pay-off).	partner t	he sole present ben	eficiary?		
		00 5				
11. 🗌	Creation or assignment of a lease:	22. Does thi	s property revert to t	he transferor in	_	

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-R06-0516-51000286-2 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 lette	er of intent signed:		Effective transfer date:				
4.	Closing date:	Recording do	cument: 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.	nterest 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	A	All idle Other				
9.	Productive acres in the parce	əl:	Total ac	pres in the parcel:				
10.	Production rates at acquisitio	pn: Oilb/d	Gas	mcf/d Waterb/d				
11.	Price received for oil and gas	at acquisition: Oil		\$/b_Gas\$/mcf				
12.	Oil gravity:	API Gas:	btu/mcf	f Average producing depth:ft				
		eloped: Oil						
	Undeve	eloped: Oil		_ bbl Gasmcf				
14.			s made to assist in	n establishing 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. 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: Amount(s): Amount(s): Interest rate(s): 							
D.	Source(s) of financing (bank, seller, etc.):							
		CERT	IFICATION					
Part	nership inclusion inclusico inclusico inclusico inclusico inclusico inclusico inclusio	rtify (or declare) under penalty of perjury u	nder the laws of the ocuments, is true, co	e State of California that the foregoing and all information hereon, orrect and complete to the best of my knowledge and belief. This artner.				
	E OF ASSESSEE OR AUTHORIZED AG	GENT (typed or printed)		TITLE				
SIGN	ATURE OF ASSESSEE OR AUTHORIZ	ZED AGENT		DATE				
NAME OF ENTITY (typed or printed)				FEDERAL EMPLOYER ID NUMBER				
PREPARER'S NAME AND ADDRESS (typed or printed)				TITLE				
DAY ⁻	TIME TELEPHONE NUMBER	E-MAIL ADDRESS						

