CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

12. Termination of a lease: _



Shanna White County Clerk-Recorder-Assessor P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

BUYER/	TRANSFEREE	RECORDING DATA			
		Date Recorded:			
MAILING	ADDRESS	Document Number:			
	TRANSFEROR	Assessor's Identification Number:			
SELLER	TRANSPEROR	MB PG PCL			
MAILING	ADDRESS	Phone Numbers:			
		Buyer: ()			
FIELD	LEASE				
		Seller:			
IMP		Sec: Twp: Rng:			
The la	w requires any transferee acquiring an interest in real property	y or manufactured home subject to local property taxation, and that is			
		ment with the County Recorder or Assessor. The Change in Ownership			
		t recorded, 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			
		raisal is filed. The failure to file a Change in Ownership Statement within			
90 day	rs from the date of a written request by the Assessor results in a	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) ilure to file was not willful. This penalty will be added to the assessment			
	d shall be collected like any other delinquent property taxes, and				
А. Т	RANSFER INFORMATION (Check the appropriate boxes to indic	cate the method by which you acquired an interest in the property.)			
1. 🗌	Purchase (complete Sections <i>B</i> and <i>C</i> on the reverse side).	13. Was this transfer/addition solely between spouses			
а Г		or registered domestic partners, divorce settlement, Yes No			
2. 🗆	Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes	etc.?			
	possession.	14. Was this transaction only a correction of the			
а Г		name(s) of persons or entities holding title?			
3. 🗆	Inheritance. Transfer by will or intestate succession.	15. If you hold title to this property as a joint tenant,			
	Date of death Relationship to deceased	is the seller or transferor also a joint tenant?			
_		16. Was this transaction the termination of a joint			
4. 🗆	Trade or exchange. The above described property has been	tenancy interest?			
	traded or exchanged for other real property or tangible personal property.				
_		17. Was this transfer between family members or related businesses?			
5. L	Merger or stock acquisition.				
<u>а</u> Г		18. Was this document recorded to substitute a trustee			
6. L	Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage	under a deed of trust, mortgage, or other similar document?			
	transferred %.	document?			
_		19. Was this document recorded to create, assign,			
7. L	Foreclosure or trustee sale.	or terminate a lender's interest in this property?			
~ -	7	20. Has this property been transferred to a trust? \Box Yes \Box No			
8. L	」 Gift.	If yes , is the trust: Revocable Irrevocable			
9.	Life estate.	21. If the trust is irrevocable, is the transferor or the			
5. ∟		transferor's spouse or registered domestic			
10. 🗌	Reconveyance (pay-off).	partner the sole present beneficiary?			
11. L	Creation or assignment of a lease:	22. Does this property revert to the transferor in			

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-R06-0516-53000139-2 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 lett	er of intent signed:		Effective transfer date:			
4.	Closing date:	Recording do	cument: Number:	Date:			
5.	Name, address and phone n relative to the transaction:		ho is familiar with	the transaction and would be available to answer question	;		
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	g Injection		All idle Other			
9.	Productive acres in the parce	el:	Total ac	cres in the parcel:			
10.	Production rates at acquisition	on: Oilb/d	Gas	mcf/d Waterb/d			
11.	Price received for oil and gas	s at acquisition: Oil		\$/b Gas \$/mcf			
12.	Oil gravity:	API Gas:	btu/mcf	f Average producing depth: f			
	Proved reserves: Deve			_bbl Gasn	cf		
	Undev	eloped: Oil		_ bbl Gas n	cf		
14.	Were appraisals, evaluations	s, cash flow projections or other analyse	s made to assist in	n establishing a purchase price? 🔲 Yes 🔲 No			
	a. If yes , please enclose co most relied upon in estab		sh flow projection	is or analyses. Please identify the analysis or appraisal			
15.	Please enclose a copy of the						
	 a. The sales agreement or contract including all exhibits and amendments thereto, as well as other related agreements or contracts, such as loan agreements. 						
	wells and related equipm	ent, separately.		f not included in item 15a. Please list each lease, including			
 c. The allocation to your company books of the total acquisition price, by specific items. C. PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION 							
		9:		sh to seller:			
			Amount(s):	Interest rate(s):			
	Source(s) of financing (bank,	, seller, etc.):					
		Fixed plant & equipment:		Moveable equipment			
D. REMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of the A							
					_		
		CERT	IFICATION				
Part	nership inclusion inclusica inclusica inclusica inclusica inclusica inclusica inclusio		cuments, is true, co	e State of California that the foregoing and all information hered orrect and complete to the best of my knowledge and belief. Th artner.			
	E OF ASSESSEE OR AUTHORIZED AG	GENT (typed or printed)		TITLE			
SIGN	ATURE OF ASSESSEE OR AUTHORIZ	ZED AGENT		DATE			
NAM	E OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUMBER			
PREI	PARER'S NAME AND ADDRESS (typed	l or printed)		TITLE			
DAY ⁻		E-MAIL ADDRESS		I			
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