CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



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			
Α. Τ	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		
- L		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.			
_	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?		
8. L	」 Gift.	If yes , is the trust: Revocable Irrevocable		
9.	Life estate.	21. If the trust is irrevocable, is the transferor or the		
0. ∟		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		

22.	. Does this property revert to the transferor in		
	12 years or less? (Clifford Trust)		

If you answered no to 21 or 22, attach a copy of the trust agreement.

Yes 🗌 No

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)



12. Termination of a lease: _

EF-502-G-R06-0516-53000116-2 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 addre	ess:					
2.	Field name:		Lease name:	Parcel number:			
3.	Date sales agreement o	r letter of intent signed: _		Effective transfer date:			
4.	Closing date:		Recording document: 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: Prod	ucing	Injection	All idle Other			
9.	Productive acres in the	parcel:	Total a	cres in the parcel:			
10.	Production rates at acqu	lisition: Oil	b/d Gas	mcf/d Waterb/d			
11.	Price received for oil and	d gas at acquisition: Oil		\$/b_ Gas\$/mcf			
12.	Oil gravity:	API Ga	s: btu/mo	of Average producing depth:ft			
				_ bbl Gas mcf			
	Ur	ndeveloped: Oil		_ bbl Gas mcf			
15. C .	 Were appraisals, evaluations, cash flow projections or other analyses made to assist in establishing a purchase price? Yes No 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. 5. 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. 						
			CERTIFICATION				
	OWNERSHIP TYPE		CERTIFICATION				
Part	prietorship	including any accompany		e State of California that the foregoing and all information hereon, correct and complete to the best of my knowledge and belief. This artner.			
NAM	E OF ASSESSEE OR AUTHORIZ	ED AGENT (typed or printed)		TITLE			
SIGN	IATURE OF ASSESSEE OR AUTI	HORIZED AGENT		DATE			
NAM	E OF ENTITY (typed or printed)		FEDERAL EMPLOYER ID NUMBER				
PREI	PARER'S NAME AND ADDRESS	(typed or printed)		TITLE			
DAY1 (E-MAIL ADDRESS		1			

