CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Tara K. Freitas County Assessor/Clerk-Recorder 221 S. Mooney Blvd., Room 102-E Visalia, CA 93291-4593 Ph: (559) 636-5100 Fax: (559) 737-4468

BUYER/TRANSFEREE	RECORDING DATA			
	Date Recorded:			
MAILING ADDRESS	Document Number:			
SELLER/TRANSFEROR	Assessor's Identification Number:			
SELLER/TRANSFEROR	MB PG PCL			
MAILING ADDRESS	Phone Numbers:			
	Buyer: ()			
FIELD	Seller:			
	Sec: Twp: Rng:			
IMPORTANT NOTICE				
The law requires any transferee acquiring an interest in real property or manufacture assessed by the county assessor, to file a Change in Ownership Statement with the				
Statement must be filed at the time of recording or, if the transfer is not recorded, with				
that where the change in ownership has occurred by reason of death the statement	shall be filed within 150 days after the date of death or, if			
the estate is probated, shall be filed at the time the inventory and appraisal is filed. T				
90 days from the date of a written request by the Assessor results in a penalty of eith taxes applicable to the new base year value reflecting the change in ownership of the r				
but not to exceed five thousand dollars (\$5,000) if the property is eligible for the hom				
if the property is not eligible for the homeowners' exemption if that failure to file was				
roll and shall be collected like any other delinquent property taxes, and be subject to	the same penalties for nonpayment.			
A. TRANSFER INFORMATION (Check the appropriate boxes to indicate the method	d by which you acquired an interest in the property.)			
	transfer solely between husband and wife,			

2.	Land Sales Contract. A contract for the purchase of property	14	addition of a spouse, divorce settlement, etc.? Was this transaction only a correction of the	🗌 Yes	🗌 No
_	in which the seller retains legal title to it after the buyer takes possession.	14.	name(s) of persons or entities holding title to the property?	🗌 Yes	🗌 No
3. 🗌	Inheritance. Transfer by will or intestate succession. Date of death Relationship to deceased	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 th <mark>is transaction</mark> the termination of a joint tenancy interest?	🗌 Yes	🗌 No
5. 🗌	property. Merger or stock acquisition.	17.	Was this transfer between family members or related businesses?	🗌 Yes	🗌 No
6.	Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage	18.	Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	☐ Yes	🗌 No
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? If yes , is the trust: Revocable Irrevocable	🗌 Yes	🗌 No
9. 🗌	Life estate.	21.	If the trust is irrevocable, is the transferor or the transferor's spouse the sole present beneficiary?	🗌 Yes	🗌 No
10. 🗌	Reconveyance (pay-off).	22.	Does this property revert to the transferor in 12 years or less? (<i>Clifford Trust</i>)	Yes	□ No
11. 🗌	Creation or assignment of a lease:				
12. 🗌	(date)		If you answered no to 21 or 22, attach a copy of the agreement.	he trust	
	(date)		(Please complete the reverse side.)		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

EF-502-G-R05-1111-54000376-2 BOE-502-G (P2) REV. 5 (11-11)

B. PROPERTY INFORMATION (Complete each item as it applies to this transaction.)

1.	Seller's name and address	i:				
2.	Field name:	Lease name:	Parcel number:			
3.	Date sales agreement or le	etter of intent signed:	Effective transfer date:			
	-	-	umber: Date:			
	•	number of person with purchasing firm who is famil	iar with the transaction and would be available to answer question			
6.	Name, address, and phone	e number of any consultants used in connection with	the transaction:			
7.	Interest acquired (please r	eport decimal fractions out of total; e.g., 0.875 out o	¹ .000).			
			Other working interest owners & percentages:			
8.	Number of wells: Produc	ing Injection	All idle Other			
9.	Productive acres in the par	rcel:	Total acres in the parcel:			
10.	Production rates at acquisi	tion: Oilb/d Gas	mcf/d Waterb/	d		
11.	Price received for oil and g	as at acquisition: Oil	\$/bGas\$/mc	f		
12.	Oil gravity:	API Gas:	btu/mcf Average producing depth:	ft		
		eveloped: Oil		mcf		
		eveloped: Oil		mcf		
14.			assist in establishing a purchase price?			
	 a. If yes, please enclose a most relied upon in esta b. If no, please explain in 	copies of those appraisals, evaluations, cash flow pr ablishing the purchase price. Section D how the purchase price was determined.	ojections or analyses. Please identify the analysis or appraisal			
15.	Please enclose a copy of t	-				
	agreements.		preto, as well as other related agreements or contracts, such as lo			
	wells and related equip	ment, separately.	sition, if not included in item 15a. Please list each lease, including	J		
C.	PURCHASE PRICE OR T	ompany books of the total acquisition price, by spec RANSFER AMOUNT INFORMATION	ific items.			
		ice:	Cash to seller:			
			nt(s): Interest rate(s):			
	Source(s) of financing (bar	nk, seller, etc.):				
		p: 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 Asses						
		CERTIFICATIO)N			
Part	tnership in in it		ws of the State of California that the foregoing and all information here s true, correct and complete to the best of my knowledge and belief. 1 nd/or partner			
Oth		contraction to binding on each and every co-owner a				
NAM	E OF ASSESSEE OR AUTHORIZED	AGENT (typed or printed)	TITLE			
	ATURE OF ASSESSEE OR AUTHO	RIZED AGENT	DATE			
NAM	E OF ENTITY (typed or printed)		FEDERAL EMPLOYER ID NUMBER			
PREI	PARER'S NAME AND ADDRESS (typ	ed or printed)	TITLE			
DAY ⁻	TIME TELEPHONE NUMBER	E-MAIL ADDRESS	I			



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