## **CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY**

File this statement by:



BUYER/TRANSFEREE	RECORDING DATA
	Date Recorded:
MAILING ADDRESS	Document Number:
	Assessor's Identification Number:
SELLER/TRANSFEROR	MB PG PCL
MAILING ADDRESS	Phone Numbers:
FIELD	Buyer: (
assessed by the county assessor, to file a Change in Ownership State Statement must be filed at the time of recording or, if the transfer is not that where the change in ownership has occurred by reason of death the estate is probated, shall be filed at the time the inventory and appr 90 days from the date of a written request by the Assessor results in a taxes applicable to the new base year value reflecting the change in own but not to exceed five thousand dollars (\$5,000) if the property is eligible	or manufactured home subject to local property taxation, and that is ment with the County Recorder or Assessor. The Change in Ownership 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 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 hership of the real property or manufactured home, whichever is greater, ble for the homeowners' exemption or twenty thousand dollars (\$20,000) ure to file was not willful. This penalty will be added to the assessment d be subject to the same penalties for nonpayment.
A. TRANSFER INFORMATION (Check the appropriate boxes to indic	cate the method by which you acquired an interest in the property.)
<ol> <li>Purchase (complete Sections B and C on the reverse side).</li> <li>Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes possession.</li> </ol>	<ul> <li>13. Was this transfer/addition solely between spouses or registered domestic partners, divorce settlement, Yes No etc.?</li> <li>14. Was this transaction only a correction of the name(s) of persons or entities holding title? Yes No</li> </ul>

- 3. Inheritance. Transfer by will or intestate succession. Date of death Relationship to deceased \_
- 4. L Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal property.
- 5. Merger or stock acquisition.
- 6. Derived Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage transferred \_\_\_\_\_ \_\_%.
- 7. Foreclosure or trustee sale.
- 8. Gift.
- 9. Life estate.
- 10. Reconveyance (pay-off).

12. Termination of a lease:

11. Creation or assignment of a lease:

(date)

(date)

	tenancy interest?	🗌 Yes	🗌 No
17.	Was this transfer between family members or related businesses?	🗌 Yes	🗌 No
18.	Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	Yes	🗌 No
19.	Was this document recorded to create, assign, or terminate a lender's interest in this property?	🗌 Yes	🗌 No
20.	Has this property been transferred to a trust? If <b>yes</b> , is the trust: Revocable Irrevocable	☐ Yes	🗌 No
21.	If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic partner the sole present beneficiary?	☐ Yes	🗌 No
22.	Does this property revert to the transferor in 12 years or less? ( <i>Clifford Trust</i> )	🗌 Yes	🗌 No

🗌 Yes 🗌 No

15. If you hold title to this property as a joint tenant,

is the seller or transferor also a joint tenant?

16. Was this transaction the termination of a joint

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

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



## EF-502-G-R06-0516-56000113-2 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 letter of intent signed:		Effective transfer date:		
			r: Date:		
	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: Producing	Injection	All idle Other		
9.	Productive acres in the parcel:	Total	acres in the parcel:		
10.	Production rates at acquisition: Oil	b/d Gas	mcf/d Waterb/d		
11.	Price received for oil and gas at acquisition: 0	il	\$/b Gas\$/mcf		
12.	Oil gravity: API G	as:btu/m	cf Average producing depth:ft		
	•				
14.			t in establishing a purchase price?		
		isals, evaluations, cash flow projection e price.	ons or analyses. Please identify the analysis or appraisal		
	agreements. b. A complete listing of all assets acquired and		as well as other related agreements or contracts, such as loan if not included in item 15a. Please list each lease, including		
C.	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:		ash to seller:		
	Production and/or conventional loan(s):	Amount(s):	Interest rate(s):		
	Source(s) of financing (bank, seller, etc.):				
	Purchase price allocated to: Fixed plant & equ	ipment:	Moveable equipment		
D.	<b>REMARKS</b> (Please include below any additional information about the sale or transfer which should be called to the attention of the Assessor.)				
	OWNERSHIP TYPE	CERTIFICATION			
Prop Part	orietorship     I certify (or declare) und including any accompany declaration is binding		the State of California that the foregoing and all information hereon, correct and complete to the best of my knowledge and belief. <b>This</b> partner.		
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)		TITLE		
	ATURE OF ASSESSEE OR AUTHORIZED AGENT		DATE		
NAM	E OF ENTITY (typed or printed)		FEDERAL EMPLOYER ID NUMBER		
PREF	PARER'S NAME AND ADDRESS (typed or printed)		TITLE		
DAY1 (	TIME TELEPHONE NUMBER E-MAIL ADDRESS				

