EF-502-G-R06-0516-23000191-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

STORY OF THE PROPERTY OF THE P

501 Low Gap Road, Room 1020

MENDOCINO COUNTY ASSESSOR

Ukiah, CA 95482

Telephone: (707) 234-6800 Fax: (707) 463-6597

Katrina Bartolomie

File this statement by:

BUYER/TRANSFEREE			RECORDING DATA	RECORDING DATA		
201LIVI			Date Recorded:			
MAILING ADDRESS			Document Number:			
SELLER/TRANSFEROR			Assessor's Identification Number: MB PG PCL			
						MAILING
			Buyer: ()			
FIELD	LEASE		Buyer: () Seller: ()			
IMPORTANT NOTICE			Sec: Twp: Rng:			
assess Statem that wh the est 90 days taxes a but not if the p	w requires any transferee acquiring an interest in real propert ed by the county assessor, to file a Change in Ownership State ent must be filed at the time of recording or, if the transfer is no here the change in ownership has occurred by reason of death ate is probated, shall be filed at the time the inventory and apples from the date of a written request by the Assessor results in a applicable to the new base year value reflecting the change in ow at to exceed five thousand dollars (\$5,000) if the property is eligit roperty is not eligible for the homeowners' exemption if that fails shall be collected like any other delinquent property taxes, an	ement of reco the si raisal of pena onersh ble for ilure to	It with the County Recorder or Assessor. The Change in Owner orded, within 90 days of the date of the change in ownership, estatement shall be filed within 150 days after the date of death I is filed. The failure to file a Change in Ownership Statement alty of either: (1) one hundred dollars (\$100); or (2) 10 percent hip of the real property or manufactured home, whichever is gror the homeowners' exemption or twenty thousand dollars (\$20 to file was not willful. This penalty will be added to the assess	ership except or, it within of the eater 0,000		
	RANSFER INFORMATION (Check the appropriate boxes to indi					
1.	Purchase (complete Sections B and C on the reverse side).	13.	Was this transfer/addition solely between spouses	_		
2.	Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes		or registered domestic partners, divorce settlement,			
	possession.	14.	4. Was this transaction only a correction of the name(s) of persons or entities holding title?	□ No		
3. L	Inheritance. Transfer by will or intestate succession. Date of death Relationship to deceased	15.	5. If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?	□ No		
4.	Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal	16.	6. Was this transaction the termination of a joint tenancy interest?	□ No		
5.	property. Merger or stock acquisition.	17.	7. Was this transfer between family members or related businesses?	□ No		
6.	Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage	18.	3. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	□No		
7.	transferred %. Foreclosure or trustee sale.	19.	9. Was this document recorded to create, assign, or terminate a lender's interest in this property?	□ No		
8.	Gift.	20.	D. Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	□ No		
9.	Life estate.	21.	1. If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic Yes	□No		
10. L 11. L	Reconveyance (pay-off). Creation or assignment of a lease:	22.	partner the sole present beneficiary? 2. Does this property revert to the transferor in	¬		
12.	Termination of a lease:		12 years or less? (Clifford Trust)	⊥ No		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



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В.	PROPERTY INFORMATION (Complete each item as it applies to this transaction.)							
	Seller's name and address:							
	Field name:							
	Date sales agreement or letter of intent signed: Effective transfer date:							
	Closing date: Date: 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 ow	ners & percentages:				
8.	Number of wells: Producing	Injection	All idle	Other				
	Productive 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: Oil	1	\$/b Gas	\$/mcf				
			btu/mcf Average producing depth: ft					
13.	Proved reserves: Developed: Oil		bbl Gas	mcf				
	Undeveloped: Oil		bbl Gas	mcf				
14.	Were appraisals, evaluations, cash flow projections or other analyses made to assist in establishing a purchase price? Yes No							
C.	 i. 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:		Cash to seller:					
	Production and/or conventional loan(s):							
	Source(s) of financing (bank, seller, etc.):			. ,				
Purchase price allocated to: 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								
		CERTIFICA	ATION					
Pari	tnership including any accompan		nts, is true, correct and complete	that the foregoing and all information hereon, to the best of my knowledge and belief. This				
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	Г	ITLE					
SIGN	NATURE OF ASSESSEE OR AUTHORIZED AGENT	С	DATE					
NAM	E OF ENTITY (typed or printed)		F	EDERAL EMPLOYER ID NUMBER				
PRE	PARER'S NAME AND ADDRESS (typed or printed)		1	TITLE				
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS							

