EF-502-G-R06-0516-23000066-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

501 Low Gap Road, Room 1020

MENDOCINO COUNTY ASSESSOR

Ukiah, CA 95482

Katrina Bartolomie

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

File this statement by:

BUYER/TRANSFEREE			RECORDING DATA				
			Date R	Recorded:			
MAILING ADDRESS				Document Number:			
			Assess	sor's Identification Number:			
SELLER/T	FRANSFEROR			MB PG	PCL		
MAILING A	ADDRESS		Phone N	lumbers:			
			Ruver: ()			
FIELD	LEASE		Seller: ()			
	DRTANT NOTICE			Twp: R			
assesse Statement that who the esta 90 days taxes all but not if the pi	w requires any transferee acquiring an interest in ed by the county assessor, to file a Change in Ownent must be filed at the time of recording or, if the there the change in ownership has occurred by reastate is probated, shall be filed at the time the inventes from the date of a written request by the Assessor pplicable to the new base year value reflecting the content of the the thousand dollars (\$5,000) if the property is not eligible for the homeowners' exempted shall be collected like any other delinquent property.	nership Statement ransfer is not reco son of death the story and appraisal is results in a pena change in ownersh perty is eligible for if that failure to	with the County Ronded, within 90 day tatement shall be fis filed. The failure ity of either: (1) one ip of the real proper the homeowners' of file was not willfur	ecorder or Assessor. The Cha is of the date of the change in c iled within 150 days after the c to file a Change in Ownership hundred dollars (\$100); or (2) rty or manufactured home, whi exemption or twenty thousand il. This penalty will be added to	nge in Ownership ownership, except date of death or, it o Statement within of 10 percent of the ochever is greater of dollars (\$20,000)		
A. TR	RANSFER INFORMATION (Check the appropriate	boxes to indicate th	ne method by which	h you acquired an interest in th	e property.)		
1.	Purchase (complete Sections B and C on the revers	se side). 13.	Was this transfer/a	ddition 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 dome etc.?	stic partners, divorce settlement,	☐ Yes ☐ No		
. \Box	possession.	14.		on only a correction of the sor entities holding title?	☐ Yes ☐ No		
3. 📙	Inheritance. Transfer by will or intestate succession Date of death Relationship to deceased	15.	-	nis property as a joint tenant, sferor also a joint tenant?	☐ Yes ☐ No		
4.	Trade or exchange. The above described property traded or exchanged for other real property or tangib	has been 16.	Was this transactio tenancy interest?	n the termination of a joint	☐ Yes ☐ No		
	property.	•	Was this transfer b	etween family members or ?	☐ Yes ☐ No		
5. 📙	Merger or stock acquisition.	40					
6.	Partial interest transfer. Was less than 100 percent property transferred? If yes, indicate the percentage	t of the		t recorded to substitute a trustee st, mortgage, or other similar	☐ Yes ☐ No		
7. 🗆	transferred %. Foreclosure or trustee sale.	19.		t recorded to create, assign, er's interest in this property?	☐ Yes ☐ No		
8. 🗌	Gift.	20.		een transferred to a trust? Revocable Irrevocable	Yes No		
9.	Life estate.	21.	transferor's spouse	cable, is the transferor or the or registered domestic	☐ Yes ☐ No		
10. 📙	Reconveyance (pay-off).		partner the sole pre	esent beneficiary?			
11.	Creation or assignment of a lease:	-	Does this property 12 years or less? (revert to the transferor in Clifford Trust)	☐ Yes ☐ No		
	1	,	,	,			

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

agreement.

(date)



В.	PROPERTY INFORMATION (Complete each item as it applies to this transaction.)						
	Seller's name and address:						
	eld name: Parcel number:						
	ate 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 ov	/ners & percentages:			
8.	Number of wells: Producing	Injection	All idle	Other			
	Productive acres in the parcel:						
	Production rates at acquisition: Oil						
	Price received for oil and gas at acquisition: Oi						
			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.	 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 loar 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):	Ar	mount(s):	Interest rate(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 Assessor.)						
		CERTIFICA	ATION				
Pari	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			
NAM	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)		TITLE				
SIGN	IATURE OF ASSESSEE OR AUTHORIZED AGENT	I	DATE				
	E OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUMBER			
PRE	PARER'S NAME AND ADDRESS (typed or printed)			TITLE			
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS						

