EF-502-G-R05-1111-03000695-1 BOE-502-G (P1) REV. 5 (11-11)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

STORE COURT

James B Rooney
Assessor of Amador County

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

File this statement by:

BUYER/TRANSFEREE					RECORDI	NG DATA		
DO. L. S. FORMOT EINEE			Date	Record				
MAILING ADDRESS				Date Recorded: Document Number:				
					dentification Nu			
SELLER/TRANSFEROR					MB	PG	PCL	
MAILING ADDRESS		_	Phone	Numbe	ers:			
			Ruver:	()			
FIELD LEAS	E		Seller:	()			
IMPORTANT NOTICE			Sec: _		Twp:	Rn	g:	
The law requires any transferee acquiring assessed by the county assessor, to file a Statement must be filed at the time of reco that where the change in ownership has of the estate is probated, shall be filed at the 90 days from the date of a written request taxes applicable to the new base year value but not to exceed five thousand dollars (\$100 if the property is not eligible for the home roll and shall be collected like any other details as the same of the same roll and shall be collected like any other details.	Change in Ownership State ording or, if the transfer is no occurred by reason of death time the inventory and approperty the Assessor results in a pereflecting the change in ow 5,000) if the property is eligitowners' exemption if that fai	ement with the recorded, the statem raisal is filed penalty of the for the filer to file with the record per the filer to file with the record per the filer to file with the filer to filer with the filer to file with the filer to filer with the filer w	the County within 90 da ent shall be d. The failu either: (1) o the real prophomeowners was not will	Recorder ays of the filed we re to filed the	er or Assessor. he date of the c ithin 150 days e a Change in C dred dollars (\$1 manufactured ption or twenty is penalty will k	The Change in ow after the da Ownership S 100); or (2) 1 home, which thousand one added to	ge in Ow vnership ite of dea Statemen 10 percer hever is dollars (\$	mership , except ath or, if at within at of the greater, \$20,000)
A. TRANSFER INFORMATION (Check t	he appropriate boxes to indi	cate the me	thod by wh	ich you	acquired an int	terest in the	property	<u>(.)</u>
1. Purchase (complete Sections B and	d C on the reverse side).	13. Was	this transfer	solely b	etween husban	d and wife,		
2. Land Sales Contract. A contract for	r the nurchase of property	addit	ion of a spou	use, divo	orce settlement,	etc.?	☐ Yes	∐ No
in which the seller retains legal title to possession.		name			a correction of a natities holding title		☐ Yes	□ No
3. Inheritance. Transfer by will or inte	state succession.			thic pro	norty on a joint t	tonant		
Date of death		-			perty as a joint t also a joint tena		Yes	☐ No
Relationship to deceased					•			
4. Trade or exchange. The above destraded or exchanged for other real p	,		this transact ncy interest?		termination of a	joint	☐ Yes	☐ No
property.					n family membe	rs or		П.,
5. Merger or stock acquisition.		relate	ed businesse	es?			☐ Yes	☐ No
6. Partial interest transfer. Was less property transferred? If yes, indicate	•	unde			ded to substitute ortgage, or other		☐ Yes	☐ No
transferred %.		19. Was	this docume	nt recor	ded to create, a	ssian.		
7. Foreclosure or trustee sale.					terest in this pro	-	☐ Yes	☐ No
8. Gift.			this property es, is the true		ansferred to a tr	rust? Irrevocable	☐ Yes	☐ No
9. Life estate.					is the transferor		☐ Yes	□ No
10. Reconveyance (pay-off).			s this propert	•	to the transfero	r in	☐ Yes	☐ No
11. Creation or assignment of a lease	(date)	•		•	21 or 22, attach	a conv of th		
12. Termination of a lease:	(Jaie)	_	ement.					
	(date)		(Ple	ase co	mplete the rev	verse side.)		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



EF-502-G-R05-1111-03000695

В.	PROPERTY INFORMATION (Complete each		,						
1.									
				Parcel number:					
3.			Effective transfer date:						
4.	. 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 question relative to the transaction:								
6.	Name, address, and phone number of any con-	sultants 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: Workin	ng interest:	Other working interest ov	vners & percentages:					
8.	Number of wells: Producing	Injection	All idle	Other					
	Productive acres in the parcel:								
	Production rates at acquisition: Oil								
11.	Price received for oil and gas at acquisition:	Oil	\$/b Gas	\$/mcf					
12.	Oil gravity:API G	eas:	btu/mcf Average produc	sing depth: ft					
13.	Proved reserves: Developed: Oil	: Oilbbl Gas		mcf					
	Undeveloped: Oil		bbl Gas —	mcf					
14.	Were appraisals, evaluations, cash flow project	tions or other analyses mad	e to assist in establishing a pu	rchase price?					
15.	Please enclose a copy of the following: a. The sales agreement or contract including a agreements.			-					
	 A complete listing of all assets acquired and wells and related equipment, separately. 	I liabilities assumed in the a	cquisition, if not included in ite	m 15a. Please list each lease, including					
C.	c. The allocation to your company books of the PURCHASE PRICE OR TRANSFER AMOUNT		specific items.						
	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 & equ	uipment:	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						
_	OWNERSHIP TYPE			that the foregoing and all information have					
Part	nership including any accompa		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		DATE						
NAM	E OF ENTITY (typed or printed)		FEDERAL EMPLOYER ID NUMBER						
PREI	PARER'S NAME AND ADDRESS (typed or printed)		TITLE						
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS								

