EF-502-G-R05-1111-03000753-1 BOE-502-G (P1) REV. 5 (11-11)

## CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

STORY OF THE PROPERTY OF THE P

Assessor of Amador County 810 Court Street Jackson, CA 95642

James B Rooney

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

File this statement by:

			_			DECORDIN	NO DATA			
BUYER/TRANSFEREE				RECORDING DATA						
MAILING ADDRESS				Date Recorded:						
					Document Number:					
SELLER/TRANSFEROR				AS	Assessor's Identification Number:  MB PG PCL					
MAILING	ADDRESS			Pho	ne Numb				-	
MAILING ADDRESS										
FIELD	LEASE			Buy	er:	)				
IMPO	RTANT NOTICE			Sec	:	Twp:	Rno	g:		
Statem that wh the est 90 days taxes a but not if the p	ed by the county assessor, to file a Clent must be filed at the time of recording the change in ownership has occur is probated, shall be filed at the time of from the date of a written request by pplicable to the new base year value roto exceed five thousand dollars (\$5,0 roperty is not eligible for the homeow it shall be collected like any other deligible.	ing or, if the transfer is not urred by reason of death ne the inventory and appr the Assessor results in a eflecting the change in ow 00) if the property is eligil ners' exemption if that fai	t reco the staisal pena nersh ble for	rded, within 90 tatement shall is filed. The falty of either: (1 ip of the real protee the homeown of file was not we shall be seen to the file was not we shall be seen to the file was not we shall be seen to the file was not we shall be well as the file was not we shall be seen to the file was not we shall be seen to the file was not we shall be seen to the file was not we shall be seen to the file was not we shall be seen to the file was not we shall be seen to the file we	days of be filed value to file be one hund roperty oners' exer willful. Ti	the date of the chewithin 150 days at the control of the control o	hange in ow after the dar Dwnership S 00); or (2) 1 nome, which thousand co e added to	nership te of dea statemer 0 percen never is dollars (S	e, except ath or, if nt within nt of the greater, \$20,000)	
A. TF	RANSFER INFORMATION (Check the	appropriate boxes to indic	cate ti	he method by	which you	u acquired an inte	erest in the	property	<i>(.)</i>	
1.	Purchase (complete Sections B and C	on the reverse side).	13.	Was this trans	fer solely	between husband	d and wife,			
2 L	Land Sales Contract. A contract for the purchase of property			addition of a s	pouse, div	vorce settlement, e	etc.?	☐ Yes	☐ No	
2. 🗀	in which the seller retains legal title to i possession.		14.			ly a correction of the correct		☐ Yes	□ No	
3.	Inheritance. Transfer by will or intestate succession.		15		to this pr	conarty as a joint to	onant			
	Date of death		15.		old title to this property as a joint tenant, eller or transferor also a joint tenant?			☐ Yes ☐	□No	
	Relationship to deceased		40			•				
4.	<b>Trade or exchange.</b> The above descritraded or exchanged for other real properties.		16.	tenancy intere		e termination of a j	oint	Yes	☐ No	
	property.		17.			en family member	's or			
5.	Merger or stock acquisition.			related busine	sses?			☐ Yes	☐ No	
6.	Partial interest transfer. Was less that property transferred? If yes, indicate the		18.			orded to substitute nortgage, or other		☐ Yes	□ No	
	transferred %.		19.	Was this docu	ment reco	orded to create, as	ssign,			
7.	Foreclosure or trustee sale.					nterest in this prop	-	☐ Yes	☐ No	
8.	Gift.		20.			transferred to a tru Revocable		Yes	☐ No	
9.	Life estate.		21.			e, is the transferor sole present bene		☐ Yes	□ No	
10.	Reconveyance (pay-off).		22.	·	perty reve	rt to the transferor	•	☐ Yes		
11. 🗀	Creation or assignment of a lease:	(dota)		-			0 00n; of 4			
12.	Termination of a lease:	(date)	If you answered no to 21 or 22, attach a copy of the trust agreement.							
		(date)		(	Please c	omplete the rev	erse side.)			

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



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В.	PROPERTY INFORMATION (Complete each ite	• •	•							
	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 consu	ultants 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						
	Oil gravity:API Ga									
13.	Proved reserves: Developed: Oil		bbl Gas	mcf						
	Undeveloped: Oil		bbl Gas	mcf						
14.	Were appraisals, evaluations, cash flow projection	ons or other analyses mad	e to assist in establishing a pu	rchase price?						
C.	<ul> <li>a. The sales agreement or contract including all agreements.</li> <li>b. A complete listing of all assets acquired and I wells and related equipment, separately.</li> <li>c. The allocation to your company books of the PURCHASE PRICE OR TRANSFER AMOUNT</li> </ul>	liabilities assumed in the action of the act	cquisition, if not included in ite							
	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 Asse										
		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. <b>This</b>						
	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	FEDERAL EMPLOYER ID NUMBER							
PRE	PARER'S NAME AND ADDRESS (typed or printed)		1	TITLE						
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS									

