EF-502-G-R06-0516-07000044-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359

County Assessor

Gus Kramer

FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

File this statement by:

BUY	ER/TR	RANSFEREE		RECORDING DATA		
		-		Date Recorded:		
MAIL	ING A	DDRESS		Document Number:		
				Assessor's Identification Number:		
SELL	ER/TI	RANSFEROR		MB PG	PCL	
MAII	ING A	ADDRESS		Phone Numbers:		
1V17 (1L		NEW YORK TO SEE THE SE		Divisory ()		
FIELD LEASE				Buyer: () Seller: ()		
IM	PO	RTANT NOTICE		Sec: Twp: Rr	ıg:	
that the 90 c taxe but if th	who esta lays es ap not le pr	ent must be filed at the time of recording or, if the transfer is not ere the change in ownership has occurred by reason of death at it is probated, shall be filed at the time the inventory and appear from the date of a written request by the Assessor results in a oplicable to the new base year value reflecting the change in ow to exceed five thousand dollars (\$5,000) if the property is eligited property is not eligible for the homeowners' exemption if that far shall be collected like any other delinquent property taxes, ar	the s raisal pena nersh ble fo ilure t	statement shall be filed within 150 days after the da is filed. The failure to file a Change in Ownership alty of either: (1) one hundred dollars (\$100); or (2) hip of the real property or manufactured home, which or the homeowners' exemption or twenty thousand to file was not willful. This penalty will be added to	ate of death or, in Statement within 10 percent of the hever is greater dollars (\$20,000	
Α.	TR	ANSFER INFORMATION (Check the appropriate boxes to indi	icate t	the method by which you acquired an interest in the	property.)	
1.		Purchase (complete Sections B and C on the reverse side).	13	. Was this transfer/addition solely between spouses		
2.		in which the seller retains legal title to it after the buyer takes	14	or registered domestic partners, divorce settlement, etc.? . Was this transaction only a correction of the	∐ Yes ∐ No	
3		possession. Inheritance. Transfer by will or intestate succession.	14.	name(s) of persons or entities holding title?	☐ Yes ☐ No	
		Date of death	15.	If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?	☐ Yes ☐ No	
4.		Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal	16	. Was this transaction the termination of a joint tenancy interest?	☐ Yes ☐ No	
		property.	17.	. Was this transfer between family members or		
5.		Merger or stock acquisition.		related businesses?	☐ Yes ☐ No	
6.		Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage	18	. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	☐ Yes ☐ No	
7.	П	transferred %. Foreclosure or trustee sale.	19	. Was this document recorded to create, assign, or terminate a lender's interest in this property?	☐ Yes ☐ No	
8.		Gift.	20	. Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	☐ Yes ☐ No	
0		Life estate.	24			
9.		Reconveyance (pay-off).	۷1.	If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic partner the sole present beneficiary?	☐ Yes ☐ No	
11.		Creation or assignment of a lease:	22	. Does this property revert to the transferor in 12 years or less? (Clifford Trust)	☐ Yes ☐ No	
12.		Termination of a lease:		If you answered no to 21 or 22, attach a copy of tagreement.	he trust	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



B. ₁	PROPERTY INFORMATION (C	•	• •	,						
		Seller's name and address: Lease name: Field name: Lease name:								
	Date sales agreement or letter of intent signed:									
	•	•		document: Number: Date:						
	Name, address and phone number of person with purchasing firm who is familiar with the transaction and would be available to answer que 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 inte	rest:	Other working interest own	ers & percentages:					
8.	Number of wells: Producing		Injection	All idle						
9.	Productive acres in the parcel: _			_ Total acres in the parcel:						
10.	Production rates at acquisition:	Oil	b/d Gas	mcf/c	Water	b/d				
11.	Price received for oil and gas at	acquisition: Oil		\$/b Gas		\$/mcf				
12.	Oil gravity:	API Gas: _		btu/mcf Average producir	g depth:	ft				
13.	Proved reserves: Develop	oed: Oil		bbl Gas		mcf				
	Undevelop	oed: Oil ———		bbl Gas —		mcf				
14.	Were appraisals, evaluations, ca	ash flow projections o	or other analyses made	e to assist in establishing a purc	chase price? 🗌 Yes 🔲 I	No				
C.	 a. The sales agreement or contract including all exhibits and amendments thereto, as well as other related agreements or contracts, such 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, included and related equipment, separately. c. The allocation to your company books of the total acquisition price, by specific items. 									
С.	PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION Terms: Total purchase price:			Cash to seller:						
	Production and/or conventional									
		` '		. ,	Interest rate(s)					
	Source(s) of financing (bank, seller, etc.): Moveable equipment									
D.	REMARKS (Please include belo		ssessor.)							
	_		CERTIFICA	TION						
_	OWNERSHIP TYPE	/ (or declare) under ne		e laws of the State of California th	nat the foregoing and all inform	nation hereon				
Part Cor	tnership includii	ng any accompanying		ts, is true, correct and complete t						
NAM	E OF ASSESSEE OR AUTHORIZED AGEN	Γ (typed or printed)		Tr	ΓLE					
SIGN	NATURE OF ASSESSEE OR AUTHORIZED	AGENT		DA	TE					
NAM	E OF ENTITY (typed or printed)			FE	DERAL EMPLOYER ID NUMBER					
PRE	PARER'S NAME AND ADDRESS (typed or p	rinted)	TI	ΓLE						
DAY	TIME TELEPHONE NUMBER E-	MAIL ADDRESS		l .						

