EF-502-G-R06-0516-14000661-1 BOE-502-G (P1) REV. 6 (05-16)

## **CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY**

Dave Stottlemyre, Assessor PO Box J

**County of Inyo** 

Independence, CA 93526 760 878-0302 Phone inyoassessor@inyocounty.us

File this statement by:

| BUYER/TRANSFEREE                            |  |  |   | RECORDING DATA  |  |  |
|---|--|--|---|---|--|--|
| MAILING ADDRESS                             |  |  |   | _ Date Recorded:  |  |  |
|   |  |  |   | Document Number:  Assessor's Identification Number:   |  |  |
| SELLER/TRANSFEROR                           |  |  |   | MB PG PCL   |  |  |
|   | 11.0.4                                       | 22222  |   | Phone Numbers:  |  |  |
| MAIL  | ING A  | DDRESS   |   |   |  |  |
| FIELD                                       |  | LEASE  |   | Buyer: ( ) Seller: ( )  |  |  |
|   |  |  |   |   |  |  |
| IMPORTANT NOTICE                            |  |  |   | Sec: Twp: Rng:  |  |  |
| that<br>the<br>90 c<br>taxe<br>but<br>if th | who<br>esta<br>lays<br>es ap<br>not<br>le pr | ere the change in ownership has occurred by reason of<br>ite is probated, shall be filed at the time the inventory an<br>from the date of a written request by the Assessor resu<br>oplicable to the new base year value reflecting the change<br>to exceed five thousand dollars (\$5,000) if the property is | death the s<br>d appraisal<br>lts in a pena<br>e in ownersh<br>is eligible fo<br>that failure t | orded, within 90 days of the date of the change in ownership, excelstatement shall be filed within 150 days after the date of death or, I is filed. The failure to file a Change in Ownership Statement with alty of either: (1) one hundred dollars (\$100); or (2) 10 percent of thip of the real property or manufactured home, whichever is greated to the homeowners' exemption or twenty thousand dollars (\$20,000 to file was not willful. This penalty will be added to the assessment subject to the same penalties for nonpayment. |  |  |
|   |  |  | · ·   | 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   |  |  |
|   |  |  |   | or registered domestic partners, divorce settlement, $\ \square$ Yes $\ \square$ N etc.?  |  |  |
| 2   |  | possession.  Inheritance. Transfer by will or intestate succession.  |   | 1. Was this transaction only a correction of the name(s) of persons or entities holding title?  |  |  |
| ٥.  | Ш  | Date of death  | 15.   | 5. If you hold title to this property as a joint tenant,  |  |  |
|   |  | Relationship to deceased   |   | is the seller or transferor also a joint tenant?  |  |  |
| 4.  |  |  | en  | 6. Was this transaction the termination of a joint tenancy interest?  |  |  |
|   |  | property.  | 17.   | 7. Was this transfer between family members or  |  |  |
| 5.  |  | Merger or stock acquisition.   |   | related businesses?   |  |  |
| 6.  |  | Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage  |   | B. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?   |  |  |
| 7.  |  | transferred %.  Foreclosure or trustee sale.   | 19.   | <ul><li>Was this document recorded to create, assign,</li><li>or terminate a lender's interest in this property?</li><li>Yes</li><li>N</li></ul>  |  |  |
| 8.  |  | Gift.  | 20.   | D. Has this property been transferred to a trust?  If <b>yes</b> , is the trust: Revocable Irrevocable  |  |  |
| 9.  |  | Life estate.   | 21.   | I. If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic  Yes  N   |  |  |
| 10.   |  | Reconveyance (pay-off).  |   | partner the sole present beneficiary?   |  |  |
| 11.   |  | Creation or assignment of a lease:   | 22.   | 2. Does this property revert to the transferor in 12 years or less? (Clifford Trust)  Yes N   |  |  |
| 12.   |  | Termination of a lease:  | <del></del> :   | If you answered no to 21 or 22, attach a copy of the trust agreement.   |  |  |

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



| В.   | PROPERTY INFORMATION (Complete each item as it applies to this transaction.)   |  |                                     |   |  |  |  |
|------|--|--|-------------------------------------|---|--|--|--|
|      | Seller's name and address:   |  |                                     |   |  |  |  |
|      | Field name: Lease 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.   | <ul> <li>i. Please enclose a copy of the following:</li> <li>a. The sales agreement or contract including all exhibits and amendments thereto, as well as other related agreements or contracts, such as loa agreements.</li> <li>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.</li> <li>c. The allocation to your company books of the total acquisition price, by specific items.</li> <li>PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION</li> </ul> |  |                                     |   |  |  |  |
|      | 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 Assessor.) |                                     |   |  |  |  |
|      |  | CERTIFICA  | ATION                               |   |  |  |  |
| Pari | tnership including any accompan  |  | nts, is true, correct and complete  | that the foregoing and all information hereon,<br>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                                   | EDERAL EMPLOYER ID NUMBER   |  |  |  |
| PRE  | PARER'S NAME AND ADDRESS (typed or printed)  |  | 1                                   | TITLE   |  |  |  |
| DAY  | TIME TELEPHONE NUMBER E-MAIL ADDRESS   |  |                                     |   |  |  |  |

