EF-502-G-R05-1111-17000686-1 BOE-502-G (P1) REV. 5 (11-11)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

Richard Ford County Assessor-Recorder

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

(Please complete the reverse side.)

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

Fax: 707-263-3703

DLIV	-D/TP	ANICEEDEE				D	ECORDING DATA		
BUYER/TRANSFEREE									
MAILING ADDRESS					Date Recorded:				
							ation Number:		
SELLER/TRANSFEROR					Asses	sor's identific ME		PCL	
MAII	ING A	DDRESS			Phone I	Numbers:			
IVI/AIL	IING A	DDINLOG							
FIELD			LEASE		Buyer:	()			
IM	PO	RTANT NOTICE			Sec:	Iv	vp: F	Rng:	
Stat that the 90 c taxe but if th	esta esta lays es ap not	d by the county assessor, to file nt must be filed at the time of receive the change in ownership has te is probated, shall be filed at the from the date of a written reques plicable to the new base year value to exceed five thousand dollars operty is not eligible for the hom shall be collected like any other	cording or, if the transfer is not s occurred by reason of death he time the inventory and appr st by the Assessor results in a lue reflecting the change in ow (\$5,000) if the property is eligil neowners' exemption if that fai	t reco the st aisal i pena nersh ble for lure to	rded, within 90 da atement shall be is filed. The failur ity of either: (1) or ip of the real prop the homeowners of file was not willf	ys of the date filed within 1 e to file a Chane hundred de erty or manuf ' exemption out. This pens	e of the change in of 50 days after the of ange in Ownership ollars (\$100); or (2 factured home, which twenty thousand the will be added to the said of the said o	ownership, except date of death or, it o Statement within) 10 percent of the ichever is greater d dollars (\$20,000	
		ANSFER INFORMATION (Check						ne property.)	
1.		Purchase (complete Sections B a	and C on the reverse side).	13.		•	n husband and wife		
2.		Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes possession.			addition of a spou	se, divorce se	ttlement, etc.?	☐ Yes ☐ No	
				14.	Was this transacti name(s) of persor the property?	,		☐ Yes ☐ No	
3.		Inheritance. Transfer by will or intestate succession. Date of death Relationship to deceased		15.	If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?				
							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 transacti tenancy interest?	on the termina	ation of a joint	☐ Yes ☐ No	
		property.		17.	Was this transfer I		y members or		
5.		Merger or stock acquisition.			related businesse	I businesses?		☐ Yes ☐ No	
6.		Partial interest transfer. Was less property transferred? If yes, indicatransferred %.		18.	Was this documer under a deed of tr document?		substitute a trustee , or other similar	☐ Yes ☐ No	
7.		Foreclosure or trustee sale.		19.	Was this documer or terminate a lene		•	☐ Yes ☐ No	
8.		Gift.		20.	Has this property If yes , is the trus		red to a trust?	Yes No	
9.		Life estate.		21.	If the trust is irrevo			☐ Yes ☐ No	
10.		Reconveyance (pay-off).		22.	Does this property			☐ Yes ☐ No	
11.		<u> </u>			12 years or less? (Clifford Trust)				
12.		Termination of a lease:	(date)		If you answered agreement.	no to 21 or 2	2, attach a copy of	the trust	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)



В.	PROPERTY INFORMATION (Complete each item as i	t applies to this tran	isaction.)						
1.	Seller's name and address:								
	Field name: Lease								
3.		Effective transfer date:							
4.	losing date: Date: Date:								
5. Name, address and phone number of person with purchasing firm who is familiar with the transaction and would be available trelative to the transaction:									
6.	Name, address, and phone number of any consultants	mber 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 owners & percentages:								
8.	Number of wells: Producing In	ijection	All idle						
	Productive acres in the parcel:								
	Production rates at acquisition: Oil								
	Price received for oil and gas at acquisition: Oil								
12.	Oil gravity:API Gas:		btu/mcf Average produ	icing 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?								
15.	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 loan agreements.								
	 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.	 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):	An	nount(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						
	OWNERSHIP TYPE				,				
Pari Cor	SHELOISHIP -	atements or documer	nts, is true, correct and comple	a that the foregoing and all information te to the best of my knowledge and beli					
	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						
PRE	PARER'S NAME AND ADDRESS (typed or printed)			TITLE					
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS								

