EF-502-G-R06-0516-17000396-1 BOE-502-G (P1) REV. 6 (05-16)

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

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

Fax: 707-263-3703

BUYER/TF	RANSFEREE						RECOR	DING DATA		
					Date	Recorded				
MAILING ADDRESS							ber:			
					Asses	ssor's Ider	tification N	Number:		
SELLER/TRANSFEROR							MB	PG	PCL	
MAILING A	DDRESS				Phone	Numbers	:			
					Ruver:	()				
FIELD		LEASE	_		Sallar	()				
								R		
IMPO	RTANT NOTICE				3ec		ι wp		ng	
Statement that who the esta 90 days taxes apput not if the process.	ent must be filed at the time of ere the change in ownership hate is probated, shall be filed at from the date of a written requipplicable to the new base year to exceed five thousand dollar operty is not eligible for the hor	file a Change in Ownership State recording or, if the transfer is no las occurred by reason of death the time the inventory and appruest by the Assessor results in a value reflecting the change in owers (\$5,000) if the property is eligilated by the change in owers and the property is eligilated by the change in owers and the property is eligilated by the change in owers are delinquent property taxes, and the control of the change in ower delinquent property taxes, and the control of the change in the	t reco the s aisal pena nersh ble fo	orded, with tatement is filed. T lty of eith hip of the r r the hom o file was	nin 90 da shall be 'he failur er: (1) or 'eal prop eowners not willi	ys of the filed with re to file a ne hundre erty or ma d' exemption ful. This p	date of the in 150 day Change in d dollars anufacture on or twen benalty wil	e change in o ys after the d n Ownership (\$100); or (2) ed home, whi nty thousand Il be added to	ownership late of dea Statemer 10 perce chever is dollars (, except ath or, if at within at of the greater, \$20,000)
		eck the appropriate boxes to indi		_		_		_	e property	<u>(.)</u>
1.	Purchase (complete Sections E	B and C on the reverse side).	13.	Was this	transfer/	addition so	olely betwe	en spouses		
2. 🗌	Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes			-	ered domestic pa		artners, divorce settlement	e settlement,	, LYes	∐ No
<u> -</u>				etc.?						
	possession.		14.			•	correction es holding		☐ Yes	☐ No
3. \square	Inheritance. Transfer by will or intestate succession. Date of death			If you hold	ld title to this proper	rty as a joint tenant,	nt tenant,			
	Relationship to deceased			-	ller or transferor also		o a joint tenant?		☐ Yes ☐	☐ No
4.	Trade or exchange. The above		16.	Was this tenancy i		on the terr	mination of	f a joint	☐ Yes	☐ No
	property.	ppyg p	17.	Was this	transfer	between fa	amily mem	bers or		
5.	Merger or stock acquisition.			related b	usinesse	s?			Yes	☐ No
6.	Partial interest transfer. Was property transferred? If yes, inc	•	18.		deed of tr		d to substit age, or oth	tute a trustee ner similar	☐ Yes	□ No
	transferred %.		19.	Was this	docume	nt recorded	d to create	, assign,		
7.	Foreclosure or trustee sale.			or termin	ate a len	der's inter	est in this p	property?	☐ Yes	☐ No
8. 🗌	Gift.		20.				sferred to a	a trust?	☐ Yes	☐ No
9. 🗌	Life estate.		21.				the transfe ered dome		☐ Yes	□ No
10.	Reconveyance (pay-off).					resent ben				
11.	Creation or assignment of a l	ease:	22.			y revert to (Clifford Ti	the transfe	eror in	☐ Yes	☐ No
12.	Termination of a lease:	(date)		If you an		no to 21 d	or 22, atta	ch a copy of	the trust	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION	(Complete each item a	as it applies to this trans	action.)								
1.	Seller's name and address: _											
2.	Field name:	Lea	se name:	Parcel	Parcel number:							
3.	Date sales agreement or letter of intent signed:			Effective transfer date:								
4.	Closing date:		: Number:	Date:								
	. 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 n	umber of any consultan	ts used in connection w	vith the transaction:								
7	Interest acquired (please rep	ort decimal fractions ou	t of total: e.a 0.875 out	f of 1.000).								
	Interest acquired (please report decimal fractions out of total; e.g., 0.875 out of 1.000). Revenue interest: Other working interest owners & percentages:											
8.	Number of wells: Producing	l	Injection	All idle	Other							
	Productive acres in the parce											
	Production rates at acquisitio			·								
	Price received for oil and gas											
	Oil gravity:											
	Proved reserves: Deve				-							
		•		bbl Gas —								
14.	Were appraisals, evaluations	•										
15. C.	 b. If no, please explain in Section D how the purchase price was determined. 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. 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. 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: Interest rate(s): 											
		` '		` '	(0)							
D.	Source(s) of financing (bank, seller, etc.): Purchase price allocated to: Fixed plant & equipment: Moveable equipment REMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of the Assemble											
			CERTIFICAT	ΓΙΟΝ								
Part	tnership inclusion dec		statements or documents	e laws of the State of California t s, is true, correct and complete t r and/or partner.								
NAM	E OF ASSESSEE OR AUTHORIZED AG	GENT (typed or printed)		Т	TLE							
SIGN	NATURE OF ASSESSEE OR AUTHORIZ	ED AGENT	D	ATE								
NAM	IE OF ENTITY (typed or printed)			FI	EDERAL EMPLOYER ID NUMBER							
PRE	PARER'S NAME AND ADDRESS (typed	or printed)		TI	TLE							
DAY	TIME TELEPHONE NUMBER	E-MAIL ADDRESS										

