EF-502-G-R06-0516-20000156-1 BOE-502-G (P1) REV. 6 (05-16)

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

File this statement by:

## **Brett Frazier Madera County Assessor**

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacounty.com/government/assessor

BUYER/TRANSFEREE				RECORDING DATA	
				Date Recorded:	
MAILING ADDRESS				Document Number:	
				Assessor's Identification Number:	
SELLER/TRANSFEROR				MB PG	PCL
MAILII	NG A	DDRESS		Phone Numbers:	
				Buyer: ( )	
FIELD		LEASE		Seller:	
			_	Sec: Twp: Ri	aa.
MF	90	RTANT NOTICE		ТWр ТК	·9·
that the e 30 da taxes but r	wheesta ays ays ap not	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 te is probated, shall be filed at the time the inventory and appr from the date of a written request by the Assessor results in a policable to the new base year value reflecting the change in own to exceed five thousand dollars (\$5,000) if the property is eligible operty is not eligible for the homeowners' exemption if that fai shall be collected like any other delinquent property taxes, and	the saisal pena pershote for the said persho	tatement shall be filed within 150 days after the d is filed. The failure to file a Change in Ownership lity of either: (1) one hundred dollars (\$100); or (2) lip of the real property or manufactured home, which the homeowners' exemption or twenty thousand o file was not willful. This penalty will be added to	ate of death or, Statement within 10 percent of the Chever is greated dollars (\$20,000
		ANSFER INFORMATION (Check the appropriate boxes to indic			e property.)
1.		Purchase (complete Sections B and C on the reverse side).	13	. Was this transfer/addition solely between spouses	
2. [	П	Land Sales Contract. A contract for the purchase of property		or registered domestic partners, divorce settlement,	☐ Yes ☐ No
۷.		in which the seller retains legal title to it after the buyer takes		etc.?	
		possession.	14	. Was this transaction only a correction of the name(s) of persons or entities holding title?	☐ Yes ☐ No
3.		Inheritance. Transfer by will or intestate succession.  Date of death	15.	If you hold title to this property as a joint tenant,	
		Relationship to deceased		is the seller or transferor also a joint tenant?	☐ Yes ☐ No
4.		Trade or exchange. The above described property has been	16	. Was this transaction the termination of a joint tenancy interest?	☐ Yes ☐ No
		traded or exchanged for other real property or tangible personal property.	17	. Was this transfer between family members or	
_			17	related businesses?	☐ Yes ☐ No
5.	Ш	Merger or stock acquisition.	10	. Was this document recorded to substitute a trustee	
6.		Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage	10	under a deed of trust, mortgage, or other similar document?	☐ Yes ☐ No
		transferred %.	19	. Was this document recorded to create, assign,	
7.		Foreclosure or trustee sale.		or terminate a lender's interest in this property?	☐ Yes ☐ No
8.		Gift.	20	Has this property been transferred to a trust?  If <b>yes</b> , is the trust: Revocable Irrevocable	☐ Yes ☐ N
9.	П	Life estate.	21	If the trust is irrevocable, is the transferor or the	
Э.	_	Line ostate.	۷.	transferor's spouse or registered domestic	☐ Yes ☐ N
10.		Reconveyance (pay-off).		partner the sole present beneficiary?	
11.		reation or assignment of a lease:	22	Does this property revert to the transferor in	
		(date)		12 years or less? (Clifford Trust)	☐ Yes ☐ N
12.		Termination of a lease:		If you answered no to 21 or 22, attach a copy of	the trust
		(date)		agreement.	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



B. ₁	PROPERTY INFORMATION (C	•	• •	,						
		Seller's name and address: Lease name: Field name: Lease name:								
	•		Effective transfer 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 que relative to the transaction:									
6.	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 owners & 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				
<ul> <li>a. The sales agreement or contract including all exhibits and amendments thereto, as well as other related agreements or contracts, such 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, inc wells and related equipment, separately.</li> <li>c. The allocation to your company books of the total acquisition price, by specific items.</li> </ul>										
C.	PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION  Torms: 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	TITLE						
DAY	TIME TELEPHONE NUMBER E-	MAIL ADDRESS		l .						

