EF-502-G-R06-0516-23000482-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

501 Low Gap Road, Room 1020

MENDOCINO COUNTY ASSESSOR

Katrina Bartolomie

Ukiah, CA 95482

Telephone: (707) 234-6800 Fax: (707) 463-6597

File this statement by:

| BUYER/TRANSFEREE | | | | RECORDING DATA | | | |
|---|--|--|---|---|--|--|--|
| MAILING ADDRESS | | | | Date Recorded: | | | |
| | | | | Document Number: Assessor's Identification Number: | | | |
| SELL | ER/TI | RANSFEROR | | MB PG PCL | | | |
| | 11.0.4 | 22222 | | Phone Numbers: | | | |
| MAIL | ING A | DDRESS | | | | | |
| FIELI | D | LEASE | | Buyer: () Seller: () | | | |
| | | | | | | | |
| IM | PΩ | RTANT NOTICE | | Sec: Twp: Rng: | | | |
| that the 90 c taxe but if th | who esta lays es ap not le pr | ere the change in ownership has occurred by reason of ite is probated, shall be filed at the time the inventory an from the date of a written request by the Assessor resu oplicable to the new base year value reflecting the change to exceed five thousand dollars (\$5,000) if the property is | death the s d appraisal lts in a pena e in ownersh is eligible fo 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 deathRelationship to deceased | | 5. If you hold title to this property as a joint tenant, | | | |
| | | | | 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. | Was this document recorded to create, assign,or terminate a lender's interest in this property?YesN | | | |
| 8. | | Gift. | 20. | D. Has this property been transferred to a trust? If yes , 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: | : | If you answered no to 21 or 22, attach a copy of the trust agreement. | | | |

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



| B. ₁ | PROPERTY INFORMATION (| | • • | • | | | | | | |
|---|---|-----------------------|-------------------------|---|---------------------------|--------|--|--|--|--|
| | Seller's name and address: | | | Parcel number: | | | | | | |
| | | | | Effective transfer date: | | | | | | |
| | • | - | | cument: Number: Date: | | | | | | |
| | Name, address and phone number of person with purchasing firm who is familiar with the transaction and would be available to answer questi 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 ir | nterest: | 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 | l Water | b/d | | | | |
| 11. | Price received for oil and gas a | at acquisition: Oil | | \$/b Gas | | \$/mcf | | | | |
| 12. | Oil gravity: | API Gas | : | btu/mcf Average producir | ng depth: | ft | | | | |
| 13. | Proved reserves: Develo | oped: Oil | | bbl Gas | | mcf | | | | |
| | Undevelo | oped: Oil | | bbl Gas — | | mcf | | | | |
| 14. | Were appraisals, evaluations, | cash flow projection | s or other analyses mad | e to assist in establishing a pure | chase price? | No | | | | |
| C. | a. The sales agreement or contract including all exhibits and amendments thereto, as well as other related agreements or contracts, such as log 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. | | | | | | | | | |
| О. | PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION Terms: Total purchase price: | | | Cash to sollor: | | | | | | |
| | | | | nount(s): | | | | | | |
| | | ` ' | | ` ' | interest rate(s) | | | | | |
| | Source(s) of financing (bank, seller, etc.): | | | | | | | | | |
| D. REMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of | | | | | | | | | | |
| | | | CERTIFICA | TION | | | | | | |
| Part Cor | tnership includ | ding any accompanyi | | ne laws of the State of California the ts, is true, correct and complete the rand/or partner. | | | | | | |
| NAM | E OF ASSESSEE OR AUTHORIZED AGE | NT (typed or printed) | | TI | TLE | | | | | |
| SIGN | NATURE OF ASSESSEE OR AUTHORIZE | D AGENT | | DA | ATE | | | | | |
| NAM | E OF ENTITY (typed or printed) | | | FE | EDERAL EMPLOYER ID NUMBER | | | | | |
| PRE | PARER'S NAME AND ADDRESS (typed or | r printed) | Ti | TITLE | | | | | | |
| DAY | TIME TELEPHONE NUMBER | E-MAIL ADDRESS | | | | | | | | |

