EF-502-G-R06-0516-23000303-1 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

Ukiah, CA 95482

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

Katrina Bartolomie

File this statement by:

BUYER/TR	RANSFEREE		RECORDING DATA			
			Date Recorded:			
MAILING ADDRESS			Document Number:			
			Assessor's Identification Number:			
SELLER/TI	RANSFEROR		MB PG	PCL		
MAILING A	ADDRESS		Phone Numbers:			
			Puvor: ()			
FIELD	LEASE		Buyer: () Seller: ()			
			Sec: Twp: Rn			
	RTANT NOTICE		nanufactured home subject to local property taxa	•		
Statementhat who the esta 90 days taxes apput not if the pr	ent must be filed at the time of recording or, if the ere the change in ownership has occurred by reate is probated, shall be filed at the time the invenfrom the date of a written request by the Assessipplicable to the new base year value reflecting the to exceed five thousand dollars (\$5,000) if the pro	transfer is not record ason of death the statory and appraisal is or results in a penal change in ownershit operty is eligible for otion if that failure to	with the County Recorder or Assessor. The Change rded, within 90 days of the date of the change in overatement shall be filed within 150 days after the dais filed. The failure to file a Change in Ownership Selty of either: (1) one hundred dollars (\$100); or (2) of ip of the real property or manufactured home, which the homeowners' exemption or twenty thousand of file was not willful. This penalty will be added to subject to the same penalties for nonpayment.	vnership, except te of death or, if Statement within 10 percent of the hever is greater, dollars (\$20,000)		
A. TR	ANSFER INFORMATION (Check the appropriate	boxes to indicate th	he method by which you acquired an interest in the	property.)		
1.	Purchase (complete Sections B and C on the rever	rse side). 13.	Was this transfer/addition solely between 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 possession. Inheritance. Transfer by will or intestate succession. Date of death		or registered domestic partners, divorce settlement, etc.?	∐ Yes ∐ No		
. \Box			Was this transaction only a correction of the name(s) of persons or entities holding title?	☐ Yes ☐ No		
3. 📙			If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?	☐ Yes ☐ No		
4.	Trade or exchange. The above described property traded or exchanged for other real property or tangi	has been 16.	Was this transaction the termination of a joint tenancy interest?	☐ Yes ☐ No		
	property.	•	Was this transfer between family members or	☐ Yes ☐ No		
5.	Merger or stock acquisition.		related businesses?	☐ Yes ☐ No		
6.	Partial interest transfer. Was less than 100 percer property transferred? If yes, indicate the percentage	nt of the	Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	☐ Yes ☐ No		
7.	transferred %. Foreclosure or trustee sale.	19.	Was this document recorded to create, assign, or terminate a lender's interest in this property?	☐ Yes ☐ No		
8.	Gift.	20.	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	☐ Yes ☐ No		
9.	Life estate.	21.	If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic	☐ Yes ☐ No		
10. 📙	Reconveyance (pay-off).		partner the sole present beneficiary?			
11.	Creation or assignment of a lease:		Does this property revert to the transferor in 12 years or less? (Clifford Trust)	☐ Yes ☐ No		
12.	Termination of a lease:	•	If you answered no to 21 or 22, attach a copy of to			

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

agreement.

(date)



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.	 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:				
	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 As							
		CERTIFICA	ATION				
Pari	tnership including any accompan		nts, is true, correct and complete	that the foregoing and all information hereon, to the best of my knowledge and belief. This			
	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						

