EF-502-G-R05-1111-25000641-1 BOE-502-G (P1) REV. 5 (11-11)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

Modoc County Assessor

Cheri Budmark

File this statement by:

RIIVE	R/TP	ANSFEREE	_	RECORDING DATA				
30 I L	.11/111	ANOI ENLE		Date Recorded:				
MAILING ADDRESS				Document Number:				
				Assessor's Identification Number:				
SELLER/TRANSFEROR				MB PG	PCL			
/AILI	NG A	DDRESS		Phone Numbers:				
		551.255		Duvor ()				
IELD)	LEASE		Buyer: () Seller: ()				
			_	Sec: Twp: Rr				
Γhe	law	RTANT NOTICE requires any transferee acquiring an interest in real property d by the county assessor, to file a Change in Ownership State		nanufactured home subject to local property taxa	ation, and that is			
he e 90 d axe out i f the	esta ays s ap not t	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 perty is not eligible for the homeowners' exemption if that fai shall be collected like any other delinquent property taxes, and	aisal pena nersh ole fo lure t	is filed. The failure to file a Change in Ownership lty of either: (1) one hundred dollars (\$100); or (2) ip of the real property or manufactured home, whic r the homeowners' exemption or twenty thousand o file was not willful. This penalty will be added to	Statement within 10 percent of the chever is greater, dollars (\$20,000)			
۹.	TR	ANSFER INFORMATION (Check the appropriate boxes to indic	cate t	he method by which you acquired an interest in the	e property.)			
1.		Purchase (complete Sections B and C on the reverse side).	13.	Was this transfer solely between husband and wife, addition of a spouse, divorce settlement, etc.?	☐ Yes ☐ No			
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.	14.	Was this transaction only a correction of the	1C3 1NO			
	_			name(s) of persons or entities holding title to the property?	☐ Yes ☐ No			
3.	Ш	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?	☐ Yes ☐ No			
4.		Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal property.	16.	Was this transaction the termination of a joint				
٦.				tenancy interest?	☐ Yes ☐ No			
			17.	Was this transfer between family members or				
5.		Merger or stock acquisition.		related businesses?	☐ Yes ☐ No			
			18.	Was this document recorded to substitute a trustee				
6.	Ш	Partial interest transfer. Was less than 100 percent of the		under a deed of trust, mortgage, or other similar				
		property transferred? If yes , indicate the percentage transferred%.		document?	☐ Yes ☐ No			
7.		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 the sole present beneficiary?	☐ Yes ☐ No			
10.		Reconveyance (pay-off).	22.	Does this property revert to the transferor in				
11.		Creation or assignment of a lease:		12 years or less? (Clifford Trust)	☐ Yes ☐ No			
12.		(date)	If you answered no to 21 or 22, attach a copy of the trust agreement.					
	_	(date)		(Please complete the reverse side.)			

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION (Complete each item as it applies to this transaction.)							
1.	Seller's name and address:							
			Parcel number:					
3.			Effective transfer date:					
4.	Closing date: I	nt: Number:	per: Date:					
5. Name, address and phone number of person with purchasing firm who is familiar with the transaction and would be available to answe relative to the transaction:								
6.	me, 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: 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 o	other analyses mad	e to assist in establishing a p	urchase 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							

