EF-502-G-R05-1111-27000740-1 BOE-502-G (P1) REV. 5 (11-11)

## CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



## **Xochitl Marina Camacho Monterey County Assessor**

P. O. Box 570

Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435

assessor@co.monterey.ca.us

BUYER/TRANSFEREE				RECORDING DATA			
				Date Recorded:			
MAILING ADDRESS				Document Number:			
				Assessor's Identification Number:			
SELLER/TRANSFEROR				MB PG	PCL		
MAILIN	IG A	DDRESS		Phone Numbers:			
				Ruyor: ( )			
FIELD		LEASE		Buyer: ( ) Seller: ( )			
				Sec: Twp: R	na		
IMPORTANT NOTICE				Sec Twp R	ng		
that v the es 90 da taxes but n if the	whe sta lys ap ot	ent must be filed at the time of recording or, if the transfer is refer the change in ownership has occurred by reason of deafte is probated, shall be filed at the time the inventory and ap from the date of a written request by the Assessor results in applicable to the new base year value reflecting the change in o to exceed five thousand dollars (\$5,000) if the property is eligoperty is not eligible for the homeowners' exemption if that if shall be collected like any other delinquent property taxes, a	h the s praisal a pena wnersh gible fo ailure t	tatement shall be filed within 150 days after the or is filed. The failure to file a Change in Ownership lity of either: (1) one hundred dollars (\$100); or (2) hip of the real property or manufactured home, whire the homeowners' exemption or twenty thousance of file was not willful. This penalty will be added to	late of death or, it Statement within 10 percent of the chever is greater, I dollars (\$20,000)		
Α	TR	ANSFER INFORMATION (Check the appropriate boxes to in	dicate t	he method by which you acquired an interest in th	e property.)		
	_	<b>Purchase</b> (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. [		<b>Land Sales Contract.</b> 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 name(s) of persons or entities holding title to the property?	☐ Yes ☐ No		
3.		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	16	Was this transaction the termination of a joint tenancy interest?	☐ Yes ☐ No		
		property.	17.	. Was this transfer between family members or			
5. [		Merger or stock acquisition.		related businesses?	☐ Yes ☐ No		
6. [		Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage	18	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 <b>yes</b> , 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 12 years or less? (Clifford Trust)	☐ Yes ☐ No		
11.		Creation or assignment of a lease:		If you answered no to 21 or 22, attach a copy of			
12. [		Termination of a lease:		agreement. (Please complete the reverse side			

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



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В.	PROPERTY INFORMATION (Complete each item as i	t applies to this tran	isaction.)						
1.	Seller's name and address:								
			Parcel number:						
3.			Effective transfer date:						
4.	Closing date: I	Date:							
5.	<ol><li>Name, address and phone number of person with purchasing firm who is familiar with the transaction and would be available to answer quere relative to the transaction:</li></ol>								
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	-	ŕ	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 exhibit agreements.	-							
	<ul> <li>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.</li> </ul>								
C.	<ul> <li>c. The allocation to your company books of the total acquisition price, by specific items.</li> <li>PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION</li> </ul>								
	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								

