EF-502-G-R06-0516-30000376-1 BOE-502-G (P1) REV. 6 (05-16)

## CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



## Claude Parrish Orange County Assessor

500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512 or P.O. Box 22000 Santa Ana, CA 92702-2000 (714) 834-3775 www.ocassessor.gov

BUYER/TRANSFEREE				RECORDING DATA				
MAILING ADDRESS				Date Recorded:				
WAILING	ADDRESS			Document Number:			—	
SELLER/TRANSFEROR				Assessor's Identification Number		PCL		
				Phone Numbers:		PUL		
MAILING ADDRESS								
FIELD LEASE			Buyer: ( ) ( ) Seller:					
IMPORTANT NOTICE				Sec: Twp:	Rng: _			
that wh the esta 90 days taxes a but not if the pi	ere the change in ownership ate is probated, shall be filed a s from the date of a written req pplicable to the new base year to exceed five thousand dolla roperty is not eligible for the h	has occurred by reason of death at the time the inventory and approperties by the Assessor results in a value reflecting the change in owers (\$5,000) if the property is eligited and owners are compared to that fair	the staisal pena nersh ble for the tena to the state to the tena t	rded, within 90 days of the date of the char tatement shall be filed within 150 days after is filed. The failure to file a Change in Owr Ity of either: (1) one hundred dollars (\$100) ip of the real property or manufactured how the homeowners' exemption or twenty the ofile was not willful. This penalty will be a subject to the same penalties for nonpayments.	er the date of nership State i; or (2) 10 pe ne, whicheve ousand dolla idded to the	f dea emen ercen er is ( ars (\$	oth or, if it within it of the greater, (20,000)	
A. TR	RANSFER INFORMATION (Ch	neck the appropriate boxes to indi	cate ti	he method by which you acquired an intere	st in the prop	perty.	.)	
1.	Purchase (complete Sections	B and C on the reverse side).	13.	Was this transfer/addition solely between spe				
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.			or registered domestic partners, divorce settlement, etc.?		Yes	☐ No	
			14.	Was this transaction only a correction of the name(s) of persons or entities holding title?	·	Yes	☐ No	
3.	_ · · · · · · · · · · · · · · · · · · ·		15	If you hold title to this property as a joint tenant,	ant			
	Date of deathRelationship to deceased			is the seller or transferor also a joint tenant?		Yes	☐ No	
4.	Trade or exchange. The above	le or exchange. The above described property has been ed or exchanged for other real property or tangible personal		Was this transaction the termination of a join tenancy interest?		Yes	□ No	
	property.		17.	Was this transfer between family members of			_	
5.	Merger or stock acquisition.	rtial interest transfer. Was less than 100 percent of the perty transferred? If yes, indicate the percentage		related businesses?		Yes	☐ No	
6.	property transferred? If yes, in			18. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document? Yes				
7.	transferred %.  Foreclosure or trustee sale.		19.	Was this document recorded to create, assig or terminate a lender's interest in this proper		Yes	□ No	
8. 🗆	Gift.		20.	Has this property been transferred to a trust?  If <b>yes</b> , is the trust: Revocable Irrev		Yes	☐ No	
9.	Life estate.		21.	If the trust is irrevocable, is the transferor or transferor's spouse or registered domestic		Yes	□ No	
10. 🗀	Reconveyance (pay-off).			partner the sole present beneficiary?				
11.	Creation or assignment of a	lease:	22.	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 c	opy of the tr	ust		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

agreement.



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В.	PROPERTY INFORMATION (Complete each ite	• •	•						
	Seller's name and address:								
			Parcel number:						
	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 consu	ultants 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:						
13.	Proved reserves: Developed: Oil		bbl Gas	mcf					
	Undeveloped: Oil		bbl Gas	mcf					
14.	Were appraisals, evaluations, cash flow projection	ons or other analyses mad	e to assist in establishing a pu	rchase price?					
C.	<ul> <li>a. The sales agreement or contract including all agreements.</li> <li>b. A complete listing of all assets acquired and I wells and related equipment, separately.</li> <li>c. The allocation to your company books of the PURCHASE PRICE OR TRANSFER AMOUNT</li> </ul>	liabilities assumed in the action of the act	cquisition, if not included in ite						
	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 Assessor								
		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. <b>This</b>					
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	Г	TITLE						
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								

