EF-502-G-R06-0516-36000340-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

Josie Gonzales Assessor-Recorder-County Clerk

San Bernardino County 222 W. Hospitality Lane, 4th Floor San Bernardino, CA 92415-0311 arc.sbcounty.gov 909-387-8307 or 1-877-885-7654

File this statement by:

DUVER	TD 4 *	UCFFDFF		RECORDING DATA		
BUYER/TRANSFEREE						
MAILING ADDRESS			_	Date Recorded: Document Number:		
				Assessor's Identification Number:		
SELLER/TRANSFEROR				MB PG PCL		
				Phone Numbers:	1 02	
MAILING	3 ADL	DRESS				
FIELD LEASE		LEASE	_	Buyer: () Seller: ()		
IMPORTANT NOTICE				Sec: Twp: Rr	ng:	
Staten that w the es 90 day taxes a but no if the p	nent tate /s fr app ot to prop	by the county assessor, to file a Change in Ownership State t must be filed at the time of recording or, if the transfer is not e the change in ownership has occurred by reason of death is probated, shall be filed at the time the inventory and appropriate to the date of a written request by the Assessor results in a licable to the new base year value reflecting the change in ownersty is the exceed five thousand dollars (\$5,000) if the property is eligible to the ligible for the homeowners' exemption if that fail hall be collected like any other delinquent property taxes, and	t reco the s aisal pena nersh ole for lure to	rded, within 90 days of the date of the change in or tatement shall be filed within 150 days after the da is filed. The failure to file a Change in Ownership Ity of either: (1) one hundred dollars (\$100); or (2) hip 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	wnership, excep ate of death or, i Statement within 10 percent of the chever is greater dollars (\$20,000	
		NSFER INFORMATION (Check the appropriate boxes to indic			property.)	
1.] P	Purchase (complete Sections B and C on the reverse 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		or registered domestic partners, divorce settlement, etc.?	☐ Yes ☐ No	
۰ ۲	p	possession.	14.	Was this transaction only a correction of the name(s) of persons or entities holding title?	☐ Yes ☐ No	
3. ∟		nheritance. 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.] т	Trade or exchange. The above described property has been raded or exchanged for other real property or tangible personal	16.	Was this transaction the termination of a joint tenancy interest?	☐ Yes ☐ No	
5.	р	oroperty. Merger or stock acquisition.	17.	Was this transfer between family members or related businesses?	☐ Yes ☐ No	
6.] P	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	
	tr	ransferred %.	19.	Was this document recorded to create, assign,		
/. ∟	J F	oreclosure or trustee sale.		or terminate a lender's interest in this property?		
8.] G	Gift.	20.	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	Yes No	
9. [10. [_	life estate. Reconveyance (pay-off).	21.	If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic partner the sole present beneficiary?	☐ Yes ☐ No	
	_	Creation or assignment of a lease:	22.	Does this property revert to the transferor in 12 years or less? (Clifford Trust)	☐ Yes ☐ No	
12. 🗆] т	Termination of a lease:		If you answered no to 21 or 22, attach a copy of t		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION (Complete each ite	• •	•					
	Seller's name and address:							
	Field 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?							
C.	 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 loa 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. C. 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 & equi							
D.	alled 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. This				
	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							

