EF-502-G-R06-0516-36000257-1 BOE-502-G (P1) REV. 6 (05-16)

File this statement by:

## **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

BUYI	R/TR	ANSFEREE		_		RECORDING DATA				
					Date I	Recorded: _				
MAIL	ING A	DDRESS			Docur	Document Number:				
SELL	ED/T	RANSFEROR			Asses	sor's Identi	fication Number:			
OELL	.cr/11	MINOI ERUR				N.	1B PG	PCL		
MAIL	ING A	DDRESS		_		Numbers:				
			LEADE		Buyer:	( )				
FIELI	<u> </u>		LEASE		Seller:	( )				
IM	PO	RTANT NOTICE		_	Sec:		Гwp: Rr	ng:		
ass Stat that the 90 c taxe but if th	esse teme t who esta lays lays ap not to	d by the county assessor, to nt must be filed at the time of ere the change in ownership te is probated, shall be filed a from the date of a written required plicable to the new base year to exceed five thousand dolla operty is not eligible for the he	uiring an interest in real property file a Change in Ownership State recording or, if the transfer is not has occurred by reason of death at the time the inventory and apprauest by the Assessor results in a value reflecting the change in owners (\$5,000) if the property is eligible to meowners' exemption if that fail ther delinquent property taxes, and	ment treco the si aisal pena nersh ble foi lure t	with the County F rded, within 90 da tatement shall be is filed. The failur lty of either: (1) or ip of the real proper the homeowners of file was not willf	Recorder or ys of the da filed within e to file a C ne hundred erty or man 'exemption ul. This pe	Assessor. The Chan te of the change in over 150 days after the day hange in Ownership dollars (\$100); or (2) ufactured home, which or twenty thousand nalty will be added to	ge in Ownership wnership, except ate of death or, if Statement within 10 percent of the thever is greater, dollars (\$20,000)		
Α.	TR	ANSFER INFORMATION (Ch	neck the appropriate boxes to indic	cate t	he method by whic	ch you acqu	ired an interest in the	property.)		
1.		Purchase (complete Sections	B and C on the reverse side).	13.			ly between spouses			
2		Land Sales Contract. A contract for the purchase of property			•	estic partner	s, divorce settlement,	☐ Yes ☐ No		
۷.	ш	in which the seller retains legal title to it after the buyer takes possession.			etc.?					
				14.	Was this transaction	•		☐ 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,	☐ Yes ☐ No			
					•	ransferor also a joint tenant?				
4.		Trade or exchange. The above described property has been		16.	Was this transaction tenancy interest?	on the termi	nation of a joint	☐ Yes ☐ No		
		_	real property or tangible personal		•			103 140		
5.		property.  Merger or stock acquisition.	ock acquisition.		Was this transfer I related businesses		nily members or	☐ Yes ☐ No		
	_	morger or stock acquisition.			Was this documer	ent recorded to substitute a trustee				
6.		Partial interest transfer. Was property transferred? If yes, in			under a deed of tr document?	ust, mortgag	e, or other similar	☐ Yes ☐ No		
		transferred %.		19.	Was this documer	nt recorded t	o create, assign,			
7.		Foreclosure or trustee sale.				er's interest in this property?		☐ Yes ☐ No		
8.		Gift.		20.	Has this property If <b>yes</b> , is the trus		erred to a trust?	☐ Yes ☐ No		
9.		Life estate.		21.	If the trust is irrevo	e or register	ed domestic	☐ Yes ☐ No		
10.	Ш	Reconveyance (pay-off).			partner the sole p	resent benef	iciary?			
11.		Creation or assignment of a	of a lease:			erty revert to the transferor in ss? (Clifford Trust)		☐ Yes ☐ No		
12. 🗌		Termination of a lease:			·		,			
(date)					If you answered no to 21 or 22, attach a copy of the trust agreement.					

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



B. ₁	PROPERTY INFORMATION (		• •	•					
		Lease name:			Parcel number:				
	•	-		Effective transfer date:					
<ul> <li>4. Closing date: Date:</li></ul>									
6.	Name, address, and phone nu	mber of any consult	ants used in connection	with the transaction:					
7.	Interest acquired (please repor	 rt decimal fractions	out of total; e.g., 0.875 o	ut of 1.000).					
	Revenue interest:	Working ir	nterest:	Other working interest owners & percentages:					
8.	Number of wells: Producing		_ Injection	All idle					
9.	Productive acres in the parcel:			Total acres in the parcel:					
10.	Production rates at acquisition	: Oil	b/d Gas _	mcf/c	l Water	b/d			
11.	Price received for oil and gas a	at acquisition: Oil		\$/b Gas		\$/mcf			
12.	Oil gravity:	API Gas	:	btu/mcf Average producing depth:		ft			
13.	Proved reserves: Develo	oped: Oil		bbl Gas		mcf			
	Undevelo	oped: Oil		bbl Gas —		mcf			
14.	Were appraisals, evaluations,	cash flow projection	s or other analyses mad	e to assist in establishing a pure	chase price?	No			
<ul> <li>a. The sales agreement or contract including all exhibits and amendments thereto, as well as other related agreements or contracts, such as agreements.</li> <li>b. A complete listing of all assets acquired and liabilities assumed in the acquisition, if not included in item 15a. Please list each lease, includi wells and related equipment, separately.</li> <li>c. The allocation to your company books of the total acquisition price, by specific items.</li> <li>C. PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION</li> </ul>									
C.				Cash to seller:					
				nount(s):					
		` '		` '	interest rate(s)				
	Source(s) of financing (bank, s								
D.	Purchase price allocated to: Fixed plant & equipment: Moveable equipment REMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of the Assessor.)								
			CERTIFICA	TION					
Part Cor	tnership includ	ding any accompanyi		ne laws of the State of California the ts, is true, correct and complete the rand/or partner.					
NAM	E OF ASSESSEE OR AUTHORIZED AGE	NT (typed or printed)		TI	TLE				
SIGN	NATURE OF ASSESSEE OR AUTHORIZE	D AGENT		DA	ATE				
NAM	E OF ENTITY (typed or printed)			FE	EDERAL EMPLOYER ID NUMBER				
PRE	PARER'S NAME AND ADDRESS (typed or	r printed)		Ti	TITLE				
DAY	TIME TELEPHONE NUMBER	E-MAIL ADDRESS							

