EF-502-G-R06-0516-40000314-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

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File this statement by:

Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641

Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor

BUYE	R/TR	RANSFEREE		RECORDING DATA	
				Date Recorded:	
MAIL	ING A	DDRESS		Document Number:	
				Assessor's Identification Number:	
SELL	ER/TF	RANSFEROR		MB PG	PCL
MAIL	ING A	NDDRESS		Phone Numbers:	
				Ruyor: ()	
IEL)	LEASE		Buyer: () Seller: ()	
M	PO	RTANT NOTICE		Sec: Twp: Rn	g:
hat he 90 c axe out f th	wheesta	ent must be filed at the time of recording or, if the transfer is no ere the change in ownership has occurred by reason of death ite is probated, shall be filed at the time the inventory and appute from the date of a written request by the Assessor results in a applicable to the new base year value reflecting the change in ow to exceed five thousand dollars (\$5,000) if the property is eligit apperty is not eligible for the homeowners' exemption if that fait shall be collected like any other delinquent property taxes, an	the s raisal pena nersh ble fo ilure t	tatement shall be filed within 150 days after the dais filed. The failure to file a Change in Ownership Silty of either: (1) one hundred dollars (\$100); or (2) hip of the real property or manufactured home, whice the homeowners' exemption or twenty thousand of file was not willful. This penalty will be added to	ate of death or, if Statement within 10 percent of the hever is greater, dollars (\$20,000)
۹.	TR	ANSFER INFORMATION (Check the appropriate boxes to indi	cate t	he method by which you acquired an interest in the	property.)
1.		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		or registered domestic partners, divorce settlement, etc.?	∐ Yes ∐ No
		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?	☐ Yes ☐ No
3.	Ш	Inheritance. Transfer by will or intestate succession. Date of death	15.	If you hold title to this property as a joint tenant,	
		Relationship to deceased		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 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 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 copy of tagreement.	he trust

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



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B. 1	PROPERTY INFORMATION (Complete each item as it applies to this transaction.) Seller's name and address:							
		Lease name: Parcel number:						
			Effective transfer date:					
			ument: Number: Date:					
	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:							
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: Workin	g interest:	Other working interest ow	ners & percentages:				
8.	Number of wells: Producing	Injection	All idle	Other				
9.	Productive acres in the parcel:		Total 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: C)il	\$/b Gas	\$/mcf				
12.	Oil gravity:API G	as:	btu/mcf Average produci	ng depth:ft				
13.	Proved reserves: Developed: Oil		bbl Gas	mc				
	Undeveloped: Oil ——		bbl Gas —	mc				
14.	Were appraisals, evaluations, cash flow projections or other analyses made to assist in establishing a purchase price?							
C.	 5. 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 loar 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. PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION 							
О.			Cash to seller:					
	Production and/or conventional loan(s):							
	. ,		• •	Interest rate(s)				
	Source(s) of financing (bank, seller, etc.):							
D. REMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of								
		CERTIFICA	TION					
Par Cor Oth	including any accompa poration		ts, is true, correct and complete er and/or partner.	hat the foregoing and all information hereon to the best of my knowledge and belief. This				
NAM	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)		Т	ITLE				
SIGN	IATURE OF ASSESSEE OR AUTHORIZED AGENT	D	ATE					
NAM	E OF ENTITY (typed or printed)		F	EDERAL EMPLOYER ID NUMBER				
PRE	PARER'S NAME AND ADDRESS (typed or printed)	Т	TLE					
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS		L					

