EF-502-G-R05-1111-42000734-1 BOE-502-G (P1) REV. 5 (11-11)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

one COUNTY one PUTURE County Clerk, Recorder and Assessor P.O. Box 159, Santa Barbara, CA 93102-0159 Santa Barbara (805) 568-2550 Santa Maria (805) 346-8310

Joseph E. Holland

File this statement by:

BUYER/TRANSFEREE			RECORDING DATA					
DO. L. S. FORMOT EINEE			Date	Record				
MAILING ADDRESS				Date Recorded: Document Number:				
					dentification Nu			
SELLER/TRANSFEROR					MB	PG	PCL	
MAILING ADDRESS		_	Phone	Numbe	ers:			
			Ruver:	()			
FIELD LEAS	E		Seller:	()			
IMPORTANT NOTICE			Sec: _		Twp:	Rn	g:	
The law requires any transferee acquiring assessed by the county assessor, to file a Statement must be filed at the time of reco that where the change in ownership has of the estate is probated, shall be filed at the 90 days from the date of a written request taxes applicable to the new base year value but not to exceed five thousand dollars (\$100 if the property is not eligible for the home roll and shall be collected like any other details as the same of the same roll and shall be collected like any other details.	Change in Ownership State ording or, if the transfer is no occurred by reason of death time the inventory and approperty the Assessor results in a pereflecting the change in ow 5,000) if the property is eligitowners' exemption if that fai	ement with the recorded, the statem raisal is filed penalty of the for the filer to file with the record per the filer to file with the record per the filer to file with the filer to filer with the filer to file with the filer to filer with the filer w	the County within 90 date ent shall be do. The failu either: (1) other eal prophomeowners was not will	Recorder ays of the filed we re to filed to the filed to	er or Assessor. he date of the c ithin 150 days e a Change in C dred dollars (\$1 manufactured ption or twenty is penalty will k	The Change in ow after the da Ownership S 100); or (2) 1 home, which thousand one added to	ge in Ow vnership ite of dea Statemen 10 percer hever is dollars (\$	mership , except ath or, if at within at of the greater, \$20,000)
A. TRANSFER INFORMATION (Check t	he appropriate boxes to indi	cate the me	thod by wh	ich you	acquired an int	terest in the	property	<u>(.)</u>
1. Purchase (complete Sections B and	d C on the reverse side).	13. Was	this transfer	solely b	etween husban	d and wife,		
2. Land Sales Contract. A contract for	act for the nurchase of property	addit	ion of a spou	use, divo	orce settlement,	etc.?	☐ Yes	∐ No
in which the seller retains legal title to possession.		name			a correction of a natities holding title		☐ Yes	□ No
3. Inheritance. Transfer by will or inte	state succession.			thic pro	norty on a joint t	tonant		
Date of death		-			perty as a joint t also a joint tena		Yes	☐ No
Relationship to deceased					•			
4. Trade or exchange. The above destraded or exchanged for other real p	,		this transact ncy interest?		termination of a	joint	☐ Yes	☐ No
property.					n family membe	rs or		П.,
5. Merger or stock acquisition.		relate	ed businesse	es?			∟ Yes	☐ No
6. Partial interest transfer. Was less property transferred? If yes, indicate	•	unde			ded to substitute ortgage, or other		☐ Yes	☐ No
transferred %.		19. Was	this docume	nt recor	ded to create, a	ssian.		
7. Foreclosure or trustee sale.					terest in this pro	-	☐ Yes	☐ No
8. Gift.			this property es, is the true		ansferred to a tr	rust? Irrevocable	☐ Yes	□ No
9. Life estate.					is the transferor		☐ Yes	□ No
10. Reconveyance (pay-off).			s this propert	•	to the transfero	r in	☐ Yes	☐ No
11. Creation or assignment of a lease	ssignment of a lease:							
12. Termination of a lease:	(date)	If you answered no to 21 or 22, attach a copy of the trust agreement.						
	(date)	(Please complete the reverse side.)						

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



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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.	 a. The sales agreement or contract including all agreements. b. A complete listing of all assets acquired and I wells and related equipment, separately. c. The allocation to your company books of the PURCHASE PRICE OR TRANSFER AMOUNT 	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):			Interest rate(s):					
	Source(s) of financing (bank, seller, etc.):			. ,					
	Purchase price allocated to: Fixed plant & equi		Moveable equi	pment					
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. This					
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)		Г	ITLE					
SIGN	NATURE OF ASSESSEE OR AUTHORIZED AGENT	С	DATE						
NAM	E OF ENTITY (typed or printed)		F	FEDERAL EMPLOYER ID NUMBER					
PRE	PARER'S NAME AND ADDRESS (typed or printed)		1	TITLE					
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS								

