EF-502-G-R05-1111-48000620-1 BOE-502-G (P1) REV. 5 (11-11)

## CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

## Marc C. Tonnesen Solano County Assessor/Recorder

675 Texas Street Suite 2700 Fairfield, CA 94533-6338 (707) 784-6210 http://www.solanocounty.com/depts/ar assessor@solanocounty.com

BUYE	R/TR	ANSFEREE			RECORDING DATA						
					Dat	te Re	ecorded:				_
MAIL	ING A	DDRESS		Doo	Document Number:					_	
051.		ANICEFOOD		Ass	Assessor's Identification Number:						
SELL	ER/TF	RANSFEROR				MI	В	PG	PCL		
MAILING ADDRESS					Phon	e Nu	ımbers:				
				Buye	r: (	)					
FIELD			LEASE		Selle		)				
IM	PO	RTANT NOTICE			Sec:		Tv	wp:	Rn	g:	
assetthat the the 90 c taxe but if th	esse teme whe esta lays es ap not e pro and	d by the county assessor, to nt must be filed at the time of the the change in ownership I te is probated, shall be filed a from the date of a written req plicable to the new base year to exceed five thousand dolla operty is not eligible for the h shall be collected like any other.	uiring an interest in real property file a Change in Ownership State recording or, if the transfer is no has occurred by reason of death at the time the inventory and appruest by the Assessor results in a value reflecting the change in ow rs (\$5,000) if the property is eligil omeowners' exemption if that fainer delinquent property taxes, an	ement t reco the s raisal pena nersh ble for ilure to d be s	with the Count rded, within 90 tatement shall I is filed. The failty of either: (1) ip of the real prometer the homeowned file was not would be said to the said t	y Red days be fill lure done oper ers' e villful ame	corder or A s of the dat ed within of to file a Ch hundred of ty or manu exemption . This pen penalties f	Assessor. e of the ch 150 days a lange in Ou lollars (\$10 factured he or twenty to alty will be or nonpay	The Chan ange in over fter the date whership \$ 500); or (2) from the come, whice thousand to added to ment.	ge in Owners vnership, excute of death of Statement with 10 percent of hever is greadollars (\$20,0 the assessm	ship cept or, if thin f the ater, 000)
A.	TR	ANSFER INFORMATION (Ch	eck the appropriate boxes to indi	cate t	he method by w	hich	you acqui	red an inte	rest in the	property.)	
	_	Purchase (complete Sections B and C on the reverse side).			Was this transfe addition of a sp		-			☐ Yes ☐	No
۷.		in which the seller retains legal possession.				transaction only a correction of the of persons or entities holding title to erty?				☐ Yes ☐	No
3.	Ш	Inheritance. Transfer by will or intestate succession.		15	If you hold title	to thi	this property as a joint te		enant		
		Date of death Relationship to deceased			•	er or transferor also a joint t		-		☐ Yes ☐ No	
4.		_	e described property has been real property or tangible personal	16.	Was this transatenancy interes		the termin	ation of a jo	oint	☐ Yes ☐	No
		property.		17.	Was this transfe			ly members	s or		١.,
5.		Merger or stock acquisition.			related business					☐ Yes ☐	No
6.		Partial interest transfer. Was property transferred? If yes, in	•		Was this docun under a deed o document?					☐ Yes ☐	No
7.		transferred %.  Foreclosure or trustee sale.		19.	Was this docum or terminate a l				•	☐ Yes ☐	No
8.		Gift.		20.	Has this proper If <b>yes</b> , is the tr					☐ Yes ☐	No
9.		Life estate.		21.	If the trust is irretransferor's spo					☐ Yes ☐	No
10.	_	Reconveyance (pay-off).		22.	Does this prope	•			in	☐ Yes ☐	No
11.	Ш	Creation or assignment of a	lease: (date)		If you answer				a copy of t		
12.		Termination of a lease:			agreement.						
			(date)		(F	Pleas	se complet	te the reve	erse side )	1	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



EF-502-G-R05-1111-48000620

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 question 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						
	Oil gravity:API Ga									
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 & 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. <b>This</b>						
	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									

