EF-502-G-R05-1111-51000660-1 BOE-502-G (P1) REV. 5 (11-11)

## **CHANGE IN OWNERSHIP STATEMENT**

**OIL AND GAS PROPERTY** 

File this statement by:

## **KATHY SCRIVEN** SUTTER COUNTY ASSESSOR

1190 Civic Center Blvd. Yuba City, CA 95993

Phone: (530) 822-7160 Fax: (530) 822-7198

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BUYI	ER/TR	ANSFEREE		_		RECORDING DATA				
					Date	Recorded:				
MAIL	ING A	DDRESS			Docui	Document Number:				
QEI I	ED/T	RANSFEROR			Asses	Assessor's Identification Number:				
SELL	LER/II	MINSFEROR				1	MB P	PG	PCL	
MAIL	LING ADDRESS Phone Numbers:									
		1			Buyer:	( )				
FIELD			LEASE		Seller:					
IM	PO	RTANT NOTICE			Sec:		Twp:	Rno	g:	
ass Stat that the 90 c taxe but if th	esse teme t who esta days es ap not	requires any transferee acquiring by the county assessor, to file nt must be filed at the time of receive the change in ownership has te is probated, shall be filed at the from the date of a written requesion plicable to the new base year value exceed five thousand dollars (operty is not eligible for the homshall be collected like any other	a Change in Ownership State cording or, if the transfer is not occurred by reason of death the time the inventory and approxit by the Assessor results in a ue reflecting the change in own \$5,000) if the property is eligible owners' exemption if that fail	ment treco the staisal pena nersh ble for	with the County I rded, within 90 da tatement shall be is filed. The failur Ity of either: (1) or ip of the real prop r the homeowners of file was not will	Recorder only sof the defiled withing the tofile a Control of the tofile a Control of the tofile and the tofile	r Assessor. Thate of the charm 150 days after thange in Own dollars (\$100) nufactured hon or twenty the enalty will be a	ne Chang nge in ow er the dan nership S o; or (2) 1 ne, which ousand o dded to	ge in Ownership mership, except the of death or, if tatement within 0 percent of the never is greater, lollars (\$20,000)	
Α.	TR	ANSFER INFORMATION (Check	the appropriate boxes to indic		-				property.)	
1.	Ш	Purchase (complete Sections B as	nd C on the reverse side).	13.	Was this transfer	-				
2.		Land Sales Contract. A contract f	or the purchase of property		addition of a spou	se, divorce	settlement, etc.	.?	☐ Yes ☐ No	
		in which the seller retains legal title possession.			Was this transaction name(s) of person the property?				☐ Yes ☐ No	
3.		Date of death	Transfer by will or intestate succession.  n  to deceased		If you hold title to is the seller or tra			ant,	☐ Yes ☐ No	
4.		<b>Trade or exchange.</b> The above detraded or exchanged for other real	escribed property has been	16.	Was this transacti tenancy interest?	on the term	ination of a join	t	☐ Yes ☐ No	
		property.		17.	Was this transfer	between far	mily members o	r		
5.		Merger or stock acquisition.			related businesse	s?			☐ Yes ☐ No	
		Partial interest transfer. Was less property transferred? If yes, indica	•	18.	Was this docume under a deed of to document?				☐ Yes ☐ No	
7.		transferred %.  Foreclosure or trustee sale.		19.	Was this docume or terminate a len				☐ Yes ☐ No	
8.		Gift.		20.	Has this property If <b>yes</b> , is the trus				☐ Yes ☐ No	
9.		Life estate.		21.	If the trust is irreversal transferor's spous	ocable, is th	e transferor or	the	☐ Yes ☐ No	
10.		Reconveyance (pay-off).	pay-off).		Does this property	y revert to th	ne transferor in	~· J ·		
11.		Creation or assignment of a least	se:		12 years or less?					
12.		Termination of a lease:	(date)		If you answered agreement.	no to 21 o	r 22, attach a c	opy of th	ne trust	
12.	Ш	remination of a lease:	(date)		•	ase compl	ete the revers	se side.)		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION (Complete each it		,								
	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 const	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 ov	/ners & percentages:							
8.	Number of wells: Producing	Injection	All idle	Other							
	Productive acres in the parcel:										
	Production rates at acquisition: Oil										
	Price received for oil and gas at acquisition: Oi										
	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	le to assist in establishing a pu	rchase price?							
C.	<ul> <li>5. Please enclose a copy of the following:</li> <li>a. The sales agreement or contract including all exhibits and amendments thereto, as well as other related agreements or contracts, such as loar 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, including 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>										
	Terms: Total purchase price:		Cash to seller:								
	Production and/or conventional loan(s):	Ar	mount(s):	Interest rate(s):							
	Source(s) of financing (bank, seller, etc.):										
	Purchase price allocated to: Fixed plant & equipment: Moveable equipment										
D.	REMARKS (Please include below any additional	called to the attention of the Assessor.)									
		CERTIFICA	ATION								
Pari	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>							
NAM	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)			TITLE							
SIGN	IATURE OF ASSESSEE OR AUTHORIZED AGENT	I	DATE								
	E OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUMBER							
PRE	PARER'S NAME AND ADDRESS (typed or printed)			TITLE							
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS										

