EF-502-G-R05-1111-55000307-1 BOE-502-G (P1) REV. 5 (11-11)

CHANGE IN OWNERSHIP STATEMENT

OIL AND GAS PROPERTY



Tuolumne County Assessor-Recorder 2 South Green Street, Third Floor

Sonora, CA 95370 Phone: (209) 533-5535

Kaenan Whitman

Fax: (209) 533-5674 Email: assessor@tuolumnecounty.ca.gov

THE THIS STATEMENT DY	File	this	statement	by:
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			_	DECORPING DATA	
BUYER/TRANSFEREE				RECORDING DATA	
MAILING ADDRESS			_	Date Recorded:	
				Document Number: Assessor's Identification Number:	
SELLER/TRANSFEROR				MB PG	PCL
14411	INIC A	DDRESS		Phone Numbers:	
VIAIL	ING A	DDKE22			
FIELI)	LEASE	_	Buyer: () Seller: ()	
IM	PO	RTANT NOTICE		Sec: Twp: Rr	ng:
Stat that the 90 c taxe but if th	esta esta lays es ap not e pr	ed by the county assessor, to file a Change in Ownership State out 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 te is probated, shall be filed at the time the inventory and apprearment from the date of a written request by the Assessor results in a policable to the new base year value reflecting the change in ow to exceed five thousand dollars (\$5,000) if the property is eligile operty is not eligible for the homeowners' exemption if that fair shall be collected like any other delinquent property taxes, an	treco the s aisal pena nersh ole for lure to	rded, within 90 days of the date of the change in or tatement shall be filed within 150 days after the da is filed. The failure to file a Change in Ownership Ity of either: (1) one hundred dollars (\$100); or (2) tip of the real property or manufactured home, which the homeowners' exemption or twenty thousand of file was not willful. This penalty will be added to	wnership, excep ate of death or, Statement withi 10 percent of th chever is greate dollars (\$20,000
		ANSFER INFORMATION (Check the appropriate boxes to indi			e property.)
1.		Purchase (complete Sections B and C on the reverse side).	13.	Was this transfer solely between husband and wife,	
2				addition of a spouse, divorce settlement, etc.?	☐ Yes ☐ N
۷.		Land Sales Contract. A contract for the purchase of property 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 to the property?	☐ Yes ☐ N
3.		Inheritance. Transfer by will or intestate succession.		If you hold title to this property as a joint tenant,	
		Date of death	15.	is the seller or transferor also a joint tenant?	☐ Yes ☐ N
		Relationship to deceased	40	•	
4.		Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal		Was this transaction the termination of a joint tenancy interest?	☐ Yes ☐ N
		property.	17.	Was this transfer between family members or	
5.		Merger or stock acquisition.		related businesses?	☐ Yes ☐ N
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 ☐ N
7.		transferred %. Foreclosure or trustee sale.	19.	Was this document recorded to create, assign, or terminate a lender's interest in this property?	☐ Yes ☐ N
8.		Gift.	20.	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	☐ Yes ☐ N
9.		Life estate.	21.	If the trust is irrevocable, is the transferor or the transferor's spouse the sole present beneficiary?	☐ Yes ☐ N
10.	_	Reconveyance (pay-off).	22.	Does this property revert to the transferor in 12 years or less? (Clifford Trust)	☐ Yes ☐ N
11.		Creation or assignment of a lease:		If you answered no to 21 or 22, attach a copy of a	
12.		(date)		agreement.	เมษ แนงเ
		(date)		(Please complete the reverse side.)

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION (Complete each item as it applies to this transaction.)							
1.	Seller's name and address:							
2.	eld name: Lease name:		Parcel number:					
3.	Date sales agreement or letter of intent signed: _		Effective transfer date:					
4.	Closing date:	mber:	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 owners & 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 V	Vaterb/d				
11.	Price received for oil and gas at acquisition: Oil		\$/b Gas	\$/mcf				
	Oil gravity:API Gas							
				mcf				
				mcf				
14.	Were appraisals, evaluations, cash flow projection							
15.	 most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price was determined. 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 loa 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.	 c. The allocation to your company books of the to PURCHASE PRICE OR TRANSFER AMOUNT II 		o nome.					
	Terms: Total purchase price:		Cash to seller:					
	Production and/or conventional loan(s):	Amount(:	s):	Interest rate(s):				
	Source(s) of financing (bank, seller, etc.):							
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.)							
		CERTIFICATION						
Part	tnership including any accompany poration declaration is binding on		rue, correct and complete to the	he foregoing and all information hereon, e best of my knowledge and belief. This				
NAM	IE OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)		TITLE					
SIGN	NATURE OF ASSESSEE OR AUTHORIZED AGENT		DATE					
NAM	IE OF ENTITY (typed or printed)	FEDER	AL EMPLOYER ID NUMBER					
PRE	PARER'S NAME AND ADDRESS (typed or printed)		TITLE					
DAY"	TIME TELEPHONE NUMBER E-MAIL ADDRESS		1					

