EF-502-G-R06-0516-56000458-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

Assessor Of Ventura County 800 South Victoria Avenue Ventura, CA 93009-1270 (805) 654-2181

Keith Taylor

assessor.countyofventura.org

File this statement by:

BUYER/TRANSFEREE				RECORDING DATA					
MAILING A	ADDRESS		—			ded:			
					Document Number:				
SELLER/TRANSFEROR				ASS	Assessor's Identification Number: MB PG PCL				
NAAH ING A	DDDEGG			Phon	e Numb		1 01	_	
MAILING A	ADDRESS								
FIELD		LEASE		Buye	r: ()			
	RTANT NOTICE		_			Twp: I			
assesse Statement that who the esta 90 days taxes ap but not if the pr	ed by the county assessor, to ent must be filed at the time of ere the change in ownership ate is probated, shall be filed a from the date of a written reco- policable to the new base year to exceed five thousand dollar poperty is not eligible for the h	uiring an interest in real propert file a Change in Ownership State of recording or, if the transfer is no has occurred by reason of death at the time the inventory and appropers by the Assessor results in a value reflecting the change in owars (\$5,000) if the property is eliginomeowners' exemption if that fail her delinquent property taxes, an	ment t reco the st raisal pena nersh ble for	with the County rded, within 90 tatement shall k is filed. The fail lty of either: (1) ip of the real pro r the homeowne o file was not w	y Record days of the filed was to filed was to filed was to file one hur to perty of the file one's exential of the file one file	der or Assessor. The Chathe date of the change in within 150 days after the ile a Change in Ownershindred dollars (\$100); or (2 r manufactured home, when the penalty will be added	ange in Ownership date of de p Statemen 2) 10 perce nichever is d dollars (vnership o, except ath or, if nt within nt of the greater, \$20,000)	
	-	neck the appropriate boxes to indi					he property	/.)	
1.	Purchase (complete Sections	B and C on the reverse side).	13.	Was this transfe	er/additic	on solely between spouses			
2. 🗌	Land Sales Contract. A contract for the purchase of propert			or registered do etc.?	mestic p	partners, divorce settlemen	t, 🗌 Yes	☐ No	
	in which the seller retains lega	al title to it after the buyer takes							
	possession.		14.			aly a correction of the entities holding title?	Yes	☐ No	
3.	Inheritance. Transfer by will o	r intestate succession.	15	. , .			00		
	Date of death		13.	-	f you hold title to this property as a joint tenant, s the seller or transferor also a joint tenant?			☐ No	
	Relationship to deceased		40			•	00		
4.		ve described property has been real property or tangible personal	16.	was this transa tenancy interes		e termination of a joint	☐ Yes	☐ No	
	property.	real property or tanglere percental	17.	Was this transfe	er betwe	en family members or			
5. 🗌	Merger or stock acquisition.			related busines		·	☐ Yes	☐ No	
∵ . □	gor or occon acquicitions	•	18.	Was this docum	nent reco	orded to substitute a trustee)		
6.	Partial interest transfer. Was	•		under a deed of		nortgage, or other similar			
	property transferred? If yes , in transferred%.	dicate the percentage		document?			☐ Yes	∐ No	
	transferred%.		19.	Was this docum	ent reco	orded to create, assign,			
7.	Foreclosure or trustee sale.			or terminate a le	ender's i	nterest in this property?	☐ Yes	∐ No	
8.	Gift.		20.			transferred to a trust? Revocable	☐ Yes e	□ No	
9.	Life estate.		21.	If the trust is irre	evocable	e, is the transferor or the	_		
10.	Reconveyance (pay-off).			transferor's spo partner the sole		egistered domestic t beneficiary?	☐ Yes	□ No	
11.	Creation or assignment of a	loaso:	22.	Does this prope	rty rever	rt to the transferor in			
11.	oreation or assignment of a	(date)	-	12 years or less? (Clifford			Yes	☐ No	
12.	Termination of a lease:			If you answere	ed no to	21 or 22, attach a copy o	f the trust		
		(date)		agreement.		, , ,			

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



B. ₁	PROPERTY INFORMATION (C	•	• •	,							
		eller's name and address:									
	•	•		Effective transfer date:							
	 4. Closing date: Date:										
6.	Name, address, and phone number of any consultants used in connection with the transaction:										
7.	Interest acquired (please report	decimal fractions out	f of total; e.g., 0.875 ou	at of 1.000).							
	Revenue interest:	Working inte	rest:	Other working interest own	ers & percentages:						
8.	Number of wells: Producing		Injection	All idle							
9.	Productive acres in the parcel: _			_ Total acres in the parcel:							
10.	Production rates at acquisition:	Oil	b/d Gas	mcf/c	Water	b/d					
11.	Price received for oil and gas at	acquisition: Oil		\$/b Gas		\$/mcf					
12.	Oil gravity:	API Gas: _		btu/mcf Average producing depth:		ft					
13.	Proved reserves: Develop	oed: Oil		bbl Gas		mcf					
	Undevelop	oed: Oil ———		bbl Gas —		mcf					
14.	Were appraisals, evaluations, ca	ash flow projections o	or other analyses made	e to assist in establishing a purc	chase price? 🗌 Yes 🔲 I	No					
C.	 a. The sales agreement or contract including all exhibits and amendments thereto, as well as other related agreements or contracts, such as loan 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:							
	Terms: Total purchase price: 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 the											
	_		CERTIFICA	TION							
_	OWNERSHIP TYPE	/ (or declare) under ne		e laws of the State of California th	nat the foregoing and all inform	nation hereon					
Part Cor	tnership includii	ng any accompanying		ts, is true, correct and complete t							
NAM	E OF ASSESSEE OR AUTHORIZED AGEN	Γ (typed or printed)		Tr	ΓLE						
SIGN	NATURE OF ASSESSEE OR AUTHORIZED	AGENT		DA	TE						
NAM	E OF ENTITY (typed or printed)			FE	DERAL EMPLOYER ID NUMBER						
PRE	PARER'S NAME AND ADDRESS (typed or p	TI	ΓLE								
DAY	TIME TELEPHONE NUMBER E-	MAIL ADDRESS		l .							

