CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

10. Reconveyance (pay-off).

12. Termination of a lease: ____

11. Creation or assignment of a lease:



Phong La ALAMEDA COUNTY ASSESSOR 1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-3787 / FAX (510) 272-3803 www.acgov.org/assessor

	RANSFEREE	RECORDING DATA	
		Date Recorded:	
MAILING	ADDRESS	Document Number:	
		Assessor's Identification Number:	
SELLER/T	TRANSFEROR		PCL
MAILING	ADDRESS	Phone Numbers:	
		Buyer: ()	
FIELD	LEASE	Seller:	
		Sec: Twp: Rng:	
	ORTANT NOTICE v requires any transferee acquiring an interest in real propert	ty or manufactured home subject to local property taxation	and that is
	ed by the county assessor, to file a Change in Ownership State		
	ent must be filed at the time of recording or, if the transfer is no		
	here the change in ownership has occurred by reason of death ate is probated, shall be filed at the time the inventory and app		
	s from the date of a written request by the Assessor results in a		
taxes a	pplicable to the new base year value reflecting the change in ow	vnership of the real property or manufactured home, whichever	r is greater,
	to exceed five thousand dollars (\$5,000) if the property is eligi roperty is not eligible for the homeowners' exemption if that fa		
	I shall be collected like any other delinguent property taxes, an		1556551116111
	ANSFER INFORMATION (Check the appropriate boxes to indi		ertv.)
_		13. Was this transfer/addition solely between spouses	
1.	Purchase (complete Sections B and C on the reverse side).		Yes 🗌 No
2.	Land Sales Contract. A contract for the purchase of property	etc.?	
	in which the seller retains legal title to it after the buyer takes possession.	14. Was this transaction only a correction of the	
_	possession.	name(s) of persons or entities holding title?	Yes 🗌 No
3. 🗌		15. If you hold title to this property as a joint tenant,	
	Date of death		Yes 🗌 No
	Relationship to deceased		
4. 🗌		16. Was this transaction the termination of a joint tenancy interest?	Yes 🗌 No
	traded or exchanged for other real property or tangible personal property.		
_	property.	17. Was this transfer between family members or related businesses?	Yes 🗌 No
5. 🗌	Merger or stock acquisition.		
~ □	Partial interact transfer Was less than 100 parant of the	18. Was this document recorded to substitute a trustee	
6. 🗆	Partial interest transfer. Was less than 100 percent of the property transferred? If yes , indicate the percentage	under a deed of trust, mortgage, or other similar document?	Yes 🗌 No
	transferred%.		
		19. Was this document recorded to create, assign,	Yes 🗌 No
7. 🗆	Foreclosure or trustee sale.		
8.	Gift.		Yes 🗌 No
J		If yes , is the trust: Revocable Irrevocable	
9. 🗌	Life estate.	21. If the trust is irrevocable, is the transferor or the	_
_		transferor's spouse or registered domestic	Yes 🗌 No

22 Does this property revert to the transferor in	es this property revert to the transferor in	
12 years or less? (<i>Clifford Trust</i>)		

partner the sole present beneficiary?

If you answered no to 21 or 22, attach a copy of the trust agreement.

Yes No

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)

EF-502-G-R06-0516-01000045-2 BOE-502-G (P2) REV. 6 (05-16)

B. **PROPERTY INFORMATION** (Complete each item as it applies to this transaction.)

3. D 4. C	Date sales agreement or letter of intent si	igned:	Parcel number: _ Effective transfer date:			
4. C	Closing date:	•	Effective transfer date:			
	•					
	•	Recording document: Numbe	r: Date:			
	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. N	Name, address, and phone number of any consultants used in connection with the transaction:					
7. Ir	. 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. N	lumber of wells: Producing		All idle Other			
	Productive acres in the parcel:		acres in the parcel:			
10. P	roduction rates at acqui <mark>siti</mark> on: Oil	b/d Gas	mcf/d Waterb/d			
	rice received for oil an <mark>d g</mark> as at ac <mark>qu</mark> isitic		\$/b_ Gas\$/mcf			
12. O	Dil gravity: A	NPI Gas: btu/m	cf Average producing depth: ft			
		il	bbl Gasmcf			
	Undeveloped: Oi	il	bbl Gasmcf			
14. W			in establishing a purchase price? 🔲 Yes 🔲 No			
b. 15. Pl a. b. c. C. P l Te	 a. If yes, please enclose copies of those appraisals, evaluations, cash flow projections or analyses. Please identify the analysis or appraisal most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price was determined. 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 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 Terms: Total purchase price:					
P	roduction and/or conventional loan(s): _	Amount(s): _	Interest rate(s):			
S	ource(s) of financing (bank, seller, etc.):					
	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				
	rship including any acc ration declaration is but	re) under penalty of perjury under the laws of t	he State of California that the foregoing and all information hereon, correct and complete to the best of my knowledge and belief. This partner.			
	DF ASSESSEE OR AUTHORIZED AGENT (typed or p	printed)	TITLE			
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT			DATE			
NAME O	OF ENTITY (typed or printed)	FEDERAL EMPLOYER ID NUMBER				
PREPAR	RER'S NAME AND ADDRESS (typed or printed)	TITLE				
DAYTIME (E TELEPHONE NUMBER E-MAIL ADDRI	ESS				

