CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



James B Rooney Assessor of Amador County 810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

BUYER/TRANSFEREE	RECORDING DATA			
	Date Recorded:			
MAILING ADDRESS	Document Number:			
SELLER/TRANSFEROR	Assessor's Identification Number:			
SELLER/TRANSFERUR	MB PG PCL			
MAILING ADDRESS	Phone Numbers:			
FIELD	Buyer: ()			
	Seller:			
	Sec: Twp: Rng:			
The law requires any transferee acquiring an interest in real property or manufact	ured home subject to local property taxation, and that is			
assessed by the county assessor, to file a Change in Ownership Statement with the				
Statement must be filed at the time of recording or, if the transfer is not recorded, with				
that where the change in ownership has occurred by reason of death the statement				
the estate is probated, shall be filed at the time the inventory and appraisal is filed.				
90 days from the date of a written request by the Assessor results in a penalty of eith taxes applicable to the new base year value reflecting the change in ownership of the				
but not to exceed five thousand dollars (\$5,000) if the property is eligible for the hom				
if the property is not eligible for the homeowners' exemption if that failure to file was				
roll and shall be collected like any other delinquent property taxes, and be subject to				
A. TRANSFER INFORMATION (Check the appropriate boxes to indicate the metho	d by which you acquired an interest in the property.)			
1. Purchase (complete Sections B and C on the reverse side). 13. Was this	transfer/addition solely between spouses			
2 Land Sales Contract. A contract for the purchase of property	ered domestic partners, divorce settlement, \Box Yes \Box No			

12.	(date)		If you answered no to 21 or 22, attach a copy of the agreement.	ne trust	
12.	(date) Termination of a lease:				
11.	Creation or assignment of a lease:	22.	Does this property revert to the transferor in	Yes	□ No
10.	Reconveyance (pay-off).		transferor's spouse or registered domestic partner the sole present beneficiary?	∐ Yes	∐ No
9.	Life estate.	21.	If the trust is irrevocable, is the transferor or the		
8.	Gift.	20.	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	Yes	🗌 No
7.	Foreclosure or trustee sale.	19.	Was this document recorded to create, assign, or terminate a lender's interest in this property?	🗌 Yes	🗌 No
6.	Partial interest transfer. Was less than 100 percent of the property transferred? If yes , indicate the percentage transferred%.	18.	Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	🗌 Yes	🗌 No
4. 5.	Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal property. Merger or stock acquisition.	17.	Was this transaction the termination of a joint tenancy interest? Was this transfer between family members or related businesses?		□ No
3.	Inheritance. Transfer by will or intestate succession. Date of death Relationship to deceased		name(s) of persons or entities holding title? If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?	Yes Yes	□ No
2.	Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes possession.		etc.? Was this transaction only a correction of the		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

EF-502-G-R06-0516-03000172-2 BOE-502-G (P2) REV. 6 (05-16)

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

1.	Seller's name and address:							
2.	Field name:	Lease name:		Parcel number:				
3.	. Date sales agreement or letter of intent signed:		Effective	Effective transfer date:				
4.	Closing date:	Recording docum	ient: Number:	Date:				
5.	5. 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.	S. 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				
9.	Productive acres in the parcel:		Total acres in the	parcel:				
10.	Production rates at acquisition:	Oilb/d Gas	s	mcf/d Waterb/d				
	Price received for oil and gas at a		\$/b G	Gas\$/mcf				
12.	Oil gravity:	API Gas:	btu/mcf Averag	e producing depth:ft				
	Proved reserves: Develope			as mcf				
	Undevelope		bbl Ga	asmcf				
14.				ning a purchase price?				
15.	 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. 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 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.	c. The allocation to your company books of the total acquisition price, by specific items.							
				Interest rate(s):				
	Source(s) of financing (bank, sell		(inouni(o).					
			Movo	able equipment				
D.	Purchase price allocated to: Fixed plant & equipment: Moveable 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.)							
		CERTIFIC	CATION					
Prop Part	nership including	(or declare) under penalty of perjury under	r the laws of the State of (nents, is true, correct and	California that the foregoing and all information hereon, complete to the best of my knowledge and belief. This				
	E OF ASSESSEE OR AUTHORIZED AGENT	(typed or printed)		TITLE				
SIGN	ATURE OF ASSESSEE OR AUTHORIZED A	GENT		DATE				
NAME OF ENTITY (typed or printed)				FEDERAL EMPLOYER ID NUMBER				
PREF	PARER'S NAME AND ADDRESS (typed or pri	inted)		TITLE				
	IME TELEPHONE NUMBER E-M	IAILADDRESS		1				

