EF-502-G-R05-1111-05000382-1 BOE-502-G (P1) REV. 5 (11-11)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

Calaveras County Assessor 891 Mountain Ranch Road San Andreas, CA 95249 209.754.6356

Larie Durham

File this statement by:

Date Recorded: Document Number: Assessor's Identification Number: MB PG PCL Phone Numbers: Selection Phone Numbers: Phone Numbers: Selection Phone Numbers:	BUYER/TRANSFEREE	RECORDING DATA
Document Number: Assessor's Identification Number: Assessor's Identification Number: Assessor's Identification Number: Assessor's Identification Number: Buyer:	DOTE OF TOWN OF LINE	
Assessor's Identification Number: MB PG PCL MAILING ADDRESS FEED ILEASE IMPORTANT NOTICE IMPORTANT HOTICE IMPORTA	MAILING ADDRESS	
MB PG PCL		
MAILING ADDRESS	SELLER/TRANSFEROR	
IMPORTANT NOTICE The law requires any transfere acquiring an interest in real property or manufactured home subject to local property taxation, and that assessed by the county assessor, to file a Change in Ownership Statement with the County Recorder or Assessor. The Change in Ownership Statement must be filled at the time of recording or, if the transfer is not recorded, within 90 days of the date of the change in ownership, asc current by reason of death the statement shall be filled at the time the inventory and appraisal is filled. The failure to file a change in ownership, sace that where the date of a written request by the Assessor results in a penalty of either. (1) one hundred dollars (\$100) or (2) for percent of teaxes applicable to the new base year value reflecting the change in ownership of either (1) one hundred dollars (\$100) or (2) for percent of taxes applicable to the new base year value reflecting the change in ownership of the real property or enabled to the assessment of the state is property in the property in the property is eligible for the homeowners examption in the frame of the homeowners examption in the frame to file was not willful. This possity will be added to the assessment or an example of the property is not eligible for the homeowners examption in the frame to file was not willful. This possity will be added to the assessment or an example of the property is not eligible for the homeowners examption in the frame to file was not willful. This possity will be added to the assessment or an example of the property is not eligible for the homeowners examption in the homeowners examption or was property.	MAILING ADDRESS	
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10. Reconveyance (pay-off). 22. Does this property revert to the transferor in 12 years or less? (Clifford Trust) 13. Creation or assignment of a lease: 14. Termination of a lease: 15. Termination of a lease: 16. Termination of a lease: 17. Termination of a lease: 18. Termination of a lease: 19. Does this property revert to the transferor in 12 years or less? (Clifford Trust) 19. If you answered no to 21 or 22, attach a copy of the trust agreement.	9. Life estate.	21. If the trust is irrevocable, is the transferor or the
11. Creation or assignment of a lease: (date) 12. Does this property revert to the transferor in 12 years or less? (Clifford Trust) If you answered no to 21 or 22, attach a copy of the trust agreement.		transferor's spouse the sole present beneficiary? \square Yes \square No
11. Creation or assignment of a lease: (date) If you answered no to 21 or 22, attach a copy of the trust agreement.	10. Reconveyance (pay-off).	22. Does this property revert to the transferor in
11. Creation or assignment of a lease: (date) If you answered no to 21 or 22, attach a copy of the trust agreement.		
12. Termination of a lease: agreement.	_	
12. Terriffication of a lease		
	12. La Termination of a lease:	(Please complete the reverse side.)

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION (Complete each item as it appl	lies to this transaction.)	
1.	Seller's name and address:		
2.	Field name: Lease name	e: Parcel number:	
3.	Date sales agreement or letter of intent signed:	Effective transfer date:	
4.	Closing date: Recor	rding document: Number: Date:	
5.	Name, address and phone number of person with purchasing relative to the transaction:	g firm who is familiar with the transaction and would be available to answer	questions
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 Injectio	on All idle Other	
9.	Productive acres in the parcel:	Total acres in the parcel:	
10.	Production rates at acquisition: Oil		b/d
	Price received for oil and gas at acquisition: Oil	\$/b Gas	\$/mcf
	Oil gravity:API Gas:		ft
	Proved reserves: Developed: Oil	bbl Gas	mcf
	Undeveloped: Oil —		mcf
14.		analyses made to assist in establishing a purchase price?	
15. C .	most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price. Please enclose a copy of the following: a. The sales agreement or contract including all exhibits and agreements. b. A complete listing of all assets acquired and liabilities ass wells and related equipment, separately. c. The allocation to your company books of the total acquisite purchase price or transfer amount information. Terms: Total purchase price:	d amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such as the second of the s	ich as Ioan
	. ,	Amount(s): Interest rate(s):	
	Source(s) of financing (bank, seller, etc.):		
D.	Purchase price allocated to: Fixed plant & equipment:	Moveable equipmentabout the sale or transfer which should be called to the attention of the Ass	essor.)
		CERTIFICATION	
Pari Cor Oth	nership including any accompanying statement declaration is binding on each and er		
NAM	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	TITLE	
SIGN	ATURE OF ASSESSEE OR AUTHORIZED AGENT	DATE	
NAM	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		

