## CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



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

BUYER/TRANSFEREE		RECORDING DATA			
		Date Recorded:			
MAILING	ADDRESS	Document Number:			
051150	T0.4.0055000	Assessor's Identification Number:			
SELLER/	TRANSFEROR	MB PG PCL			
MAILING	ADDRESS	Phone Numbers:			
		Buyer: ()			
FIELD	LEASE				
		Seller:			
IMPO		Sec: Twp: Rng:			
		ty or manufactured home subject to local property taxation, and that is			
		ement with the County Recorder or Assessor. The Change in Ownership			
		ot recorded, within 90 days of the date of the change in ownership, except In the statement shall be filed within 150 days after the date of death or, if			
		raisal is filed. The failure to file a Change in Ownership Statement within			
		a penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the			
		vnership of the real property or manufactured home, whichever is greater,			
		ble for the homeowners' exemption or twenty thousand dollars (\$20,000) ilure to file was not willful. This penalty will be added to the assessment			
	d shall be collected like any other delinquent property taxes, an				
A. TI	RANSFER INFORMATION (Check the appropriate boxes to indi	icate the method by which you acquired an interest in the property.)			
1. 🗌	<b>Purchase</b> (complete Sections B and C on the reverse side).	13. Was this transfer/addition solely between spouses			
۰ L		or registered domestic partners, divorce settlement,			
2.	Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes	etc.?			
	possession.	14. Was this transaction only a correction of the			
_		name(s) of persons or entities holding title?			
3.	Inheritance. Transfer by will or intestate succession.	15. If you hold title to this property as a joint tenant,			
	Date of death	is the seller or transferor also a joint tenant? $\Box$ Yes $\Box$ No			
	Relationship to deceased				
4.	<b>.</b>	16. Was this transaction the termination of a joint tenancy interest?			
	traded or exchanged for other real property or tangible personal	tenancy interest?			
	property.	17. Was this transfer between family members or			
5.	Merger or stock acquisition.	related businesses?			
		18. Was this document recorded to substitute a trustee			
6.	Partial interest transfer. Was less than 100 percent of the	under a deed of trust, mortgage, or other similar			
	property transferred? If yes, indicate the percentage	document?			
	transferred %.	19. Was this document recorded to create, assign,			

- 7. **Foreclosure or trustee sale.**
- 8. Gift.
- 9. Life estate.
- 10. Reconveyance (pay-off).

12. Termination of a lease:

11. Creation or assignment of a lease:

22. Does this property revert to the transferor in 12 years or less? ( <i>Clifford Trust</i> )		If you answered no to 21 or 22, attach a copy of the trust agreement.				
	22.	1 1 3	🗌 Yes			

or terminate a lender's interest in this property?

If **yes**, is the trust: Revocable Irrevocable

20. Has this property been transferred to a trust?

21. If the trust is irrevocable, is the transferor or the

transferor's spouse or registered domestic

partner the sole present beneficiary?

🗌 Yes 🗌 No

🗌 Yes 🗌 No

Yes No

🗌 No

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)

## EF-502-G-R06-0516-05000127-2 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 lett	er of intent signed:		Effective transfer date:			
4.	Closing date:	Recording docum	ent: Number:	: Date:			
5.		umber of person with purchasing firm who is		the transaction and would be available to answer questions			
6.	Name, address, and phone r	number of any consultants used in connection	on with the tran	ansaction:			
7.		oort decimal fractions out of total; e.g., 0.875 Working interest:		). working interest owners & percentages:			
8.	Number of wells: Producing	g Injection		All idle Other	_		
9.	Productive acres in the parce	el:	Total ac	ic <mark>res</mark> in the parcel:			
10.	Production rates at acquisition	on: Oilb/d Gas		mcf/d Waterb/d			
11.	Price received for oil and gas	s at acquisition: Oil		\$/b_ Gas\$/mcf			
	Oil gravity:		btu/mcl	cf Average producing depth:ft			
	Proved reserves: Dev				cf		
		•		bblmmmmm			
14.							
	<ul> <li>Were appraisals, evaluations, cash flow projections or other analyses made to assist in establishing a purchase price? Yes No</li> <li>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.</li> <li>b. If no, please explain in Section D how the purchase price was determined.</li> <li>j. Please enclose a copy of the following:</li> <li>a. The sales agreement or contract including all exhibits and amendments thereto, as well as other related agreements or contracts, such as loan agreements.</li> </ul>						
C.	<ul> <li>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.</li> <li>c. The allocation to your company books of the total acquisition price, by specific items.</li> <li>PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION</li> <li>Terms: Total purchase price: Cash to seller:</li> </ul>						
			Amount(s):	Interest rate(s):			
		r, seller, etc.):					
D.	Purchase price allocated to:	Fixed plant & equipment:		Moveable equipment or which should be called to the attention of the Assessor.)	_		
		CERTIFIC	CATION		=		
Part	nership inclusion inclusion inclusion	ertify (or declare) under penalty of perjury under	the laws of the ents, is true, co	ne State of California that the foregoing and all information hereo correct and complete to the best of my knowledge and belief. <b>Th</b> partner.			
	E OF ASSESSEE OR AUTHORIZED AG	GENT (typed or printed)		TITLE			
SIGN	ATURE OF ASSESSEE OR AUTHORIZ	ZED AGENT		DATE			
NAM	E OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUMBER			
PREI	PARER'S NAME AND ADDRESS (typed	d or printed)		TITLE			
DAY <sup>-</sup>	TIME TELEPHONE NUMBER	E-MAIL ADDRESS			_		

