CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



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BUYER/TRANSFEREE		RECORDING DATA	RECORDING DATA			
		Date Recorded:				
MAILING ADDRESS		Document Number:				
		Assessor's Identification Number:				
SELLER/	TRANSFEROR	MB PG	PCL			
MAILING	ADDRESS	Phone Numbers:				
FIELD		Buyer: () Seller: Twp: Rng	j:			
Statem that which the est 90 day taxes a but no if the p	sed by the county assessor, to file a Change in Ownership State then must be filed at the time of recording or, if the transfer is not here the change in ownership has occurred by reason of death tate is probated, shall be filed at the time the inventory and appri- s from the date of a written request by the Assessor results in a applicable to the new base year value reflecting the change in own t to exceed five thousand dollars (\$5,000) if the property is eligit property is not eligible for the homeowners' exemption if that fai d shall be collected like any other delinquent property taxes, and	t recorded, within 90 days of the date of the change in ow the statement shall be filed within 150 days after the dat raisal is filed. The failure to file a Change in Ownership S penalty of either: (1) one hundred dollars (\$100); or (2) 10 nership of the real property or manufactured home, which ble for the homeowners' exemption or twenty thousand d lure to file was not willful. This penalty will be added to t	nership, except te of death or, if tatement within 0 percent of the tever is greater, ollars (\$20,000)			
A. TI	RANSFER INFORMATION (Check the appropriate boxes to indicate the method 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 in which the seller retains legal title to it after the buyer takes possession.	or registered domestic partners, divorce settlement, etc.? 14. Was this transaction only a correction of the	Yes No			
<u>а</u> Г		name(s) of persons or entities holding title?	🗌 Yes 📙 No			
3. 🗆	Inheritance. Transfer by will or intestate succession. Date of death Relationship to deceased	15. If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?	🗌 Yes 🗌 No			
t	Trade or exchange. The above described property has beentraded or exchanged for other real property or tangible personalproperty.Merger or stock acquisition.	16. Was this transaction the termination of a joint tenancy interest?	🗌 Yes 🗌 No			
5.		17. Was this transfer between family members or related businesses?	🗌 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			
		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:
 - (date) (date)
- 12 years or less? (Clifford Trust)
 Yes
 No

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

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?22. Does this property revert to the transferor in

Yes No

🗌 Yes 🗌 No

Yes No

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



EF-502-G-R06-0516-06000238-2 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:		E	ffective transfer date:					
4.	Closing date:	Recording docu	ment: Number:	Date:					
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.	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			idle Other					
	Productive acres in the parcel:			s in the parcel:					
10.	Production rates at acquisition: Oil	b/d Ga	as	mcf/d Water	b/d				
	Price received for oil and gas at acquisition: O Oil gravity:API G			\$/b_Gas Average producing depth:	\$/mcf				
		a3.		bl Gas					
15.					mcf				
14	Were appraisals, evaluations, cash flow projecti								
15.	 a. If yes, please enclose copies of those appramost relied upon in establishing the purchas b. If no, please explain in Section D how the purchase enclose a copy of the following: a. The sales agreement or contract including all 	e price. urchase price was deter	rmined.						
C.	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: Cash to seller:								
	Production and/or conventional loan(s):				e(s):				
	Source(s) of financing (bank, seller, etc.):								
D.	Purchase price allocated to: Fixed plant & equ REMARKS (Please include below any additional	ipment:		Moveable equipment					
		CERTIF	ICATION						
Part	including any accompar poration declaration is binding		iments, is true, corre	tate of California that the foregoing and a ect and complete to the best of my knowle ner.					
	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 NUI	MBER						
PREI	PARER'S NAME AND ADDRESS (typed or printed)	TITLE							
DAYT (TIME TELEPHONE NUMBER E-MAIL ADDRESS			I					

