EF-502-G-R05-1111-07000345-1 BOE-502-G (P1) REV. 5 (11-11)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

BUYER/TRANSFEREE	RECORDING DATA
	Date Recorded:
MAILING ADDRESS	Document Number:
	Assessor's Identification Number:
SELLER/TRANSFEROR	MB PG PCL
MAILING ADDRESS	Phone Numbers:
MAILING ADDRESS	
EIELD	Buyer: ()
	Seller:
MPORTANT NOTICE	Sec: Twp: Rng:
	rty or manufactured home subject to local property taxation, and that is
	tement with the County Recorder or Assessor. The Change in Ownership
Statement must be filed at the time of recording or, if the transfer is n	ot recorded, within 90 days of the date of the change in ownership, except
	h the statement shall be filed within 150 days after the date of death or, if
	praisal 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
	wnership of the real property or manufactured home, whichever is greater,
out not to exceed five thousand dollars (\$5,000) if the property is elig	gible for the homeowners' exemption or twenty thousand dollars (\$20,000)
f the property is not eligible for the homeowners' exemption if that fa roll and shall be collected like any other delinquent property taxes, a	ailure to file was not willful. This penalty will be added to the assessment
A. TRANSFER INFORMATION (Check the appropriate boxes to inc	dicate 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 solely between husband and wife,
2	addition of a spouse, divorce settlement, etc.?
2. Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes	14. Was this transaction only a correction of the
possession.	name(s) of persons or entities holding title to
	the property?
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?
Relationship to deceased	·
4. Trade or exchange. The above described property has been	16. Was this transaction the termination of a joint tenancy interest?
traded or exchanged for other real property or tangible personal	teriancy 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.	or terminate a lender's interest in this property? \square Yes \square No
	20. Has this property been transferred to a trust?
8. Gift.	20. Has this property been transferred to a trust? ☐ Yes ☐ No If yes , is the trust: ☐ Revocable ☐ Irrevocable
	•
9. Life estate.	21. If the trust is irrevocable, is the transferor or the
10 Pecanyayanaa (nay aff)	transferor's spouse the sole present beneficiary?
10. Reconveyance (pay-off).	22. Does this property revert to the transferor in
11 Creation or againment of a large.	12 years or less? (Clifford Trust)
11. Creation or assignment of a lease:	If you answered no to 21 or 22, attach a copy of the trust
12. Termination of a lease:	agreement.
(date)	(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		

