## **CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY**

File this statement by:



Jennifer Perry, Assessor **County of Del Norte** 981 H Street, Suite 120 Crescent City, CA 95531 Telephone: (707) 464-7200

Yes No

Yes No

Yes No

🗌 Yes 🗌 No

🗌 Yes 🗌 No

BUYER/TRANSFEREE			RECORDING DATA				
MAILING ADDRESS		-	Date Recorded Document Num				
SELLER/TRANSFEROR		-	Assessor's Ide	ntification Num MB	nber: PG	PCL	
MAILING ADDRESS		- ī	Phone Numbers	:			
	110		Buyer: () Seller: () Sec:	_ Twp:	Rr	ng:	
Statement must be filed at the time of recording that where the change in ownership has occur the estate is probated, shall be filed at the tim 90 days from the date of a written request by taxes applicable to the new base year value re but not to exceed five thousand dollars (\$5,00 if the property is not eligible for the homeown roll and shall be collected like any other deline	urred by reason of death th ne the inventory and apprais the Assessor results in a po- flecting the change in owner 00) if the property is eligible ners' exemption if that failur iquent property taxes, and b	ne statement s sal is filed. The enalty of eithe ership of the re- for the home re to file was in be subject to f	hall be filed with the failure to file a r: (1) one hundre al property or ma owners' exemption not willful. This the same penaltion	in 150 days a Change in O ed dollars (\$10 anufactured h on or twenty penalty will be es for nonpay	fter the da wnership 00); or (2) ome, whic thousand added to ment.	ate of dea Statemen 10 percen chever is dollars (\$ o the asse	ath or, if it within nt of the greater, 20,000) essment
A. TRANSFER INFORMATION (Check the	appropriate boxes to indicat	te the method	by which you ac	quired an inte	rest in the	<pre> property. </pre>	.)
1. Description Purchase (complete Sections B and C	on the reverse side).		ransfer/addition s ed domestic partr			🗌 Yes	
2. Land Sales Contract. A contract for the in which the seller retains legal title to it possession.		etc.? 14. Was this	transaction only a	correction of	the		
3. Inheritance. Transfer by will or intestat Date of death Relationship to deceased		15. If you hold	of persons or entitied title to this prope er or transferor als	rty as a joint te	enant,	Yes	_
<ol> <li>Trade or exchange. The above described traded or exchanged for other real property.</li> </ol>	perty or tangible personal	tenancy ir		-		Yes	🗌 No
5. Stopperty.	UC	related bu	ransfer between f isinesses? document recorde	·		☐ Yes	🗌 No
6. D Partial interest transfer. Was less that	n 100 percent of the		eed of trust, morto				

- 6. Derived Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage %. transferred \_\_\_\_\_
- 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)

agreement. THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

document?

19. Was this document recorded to create, assign,

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

12 years or less? (Clifford Trust)

or terminate a lender's interest in this property?

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

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



## EF-502-G-R06-0516-08000277-2 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 transfer date:						
			Date:						
	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	Injection	All idle Other						
9.	Productive acres in the parcel:	Total ad	pres in the parcel:						
10.	Production rates at acquisition: Oil	b/d Gas	mcf/d Waterb/d						
11.	Price received for oil and gas at acquisition: O	il	\$/b Gas\$/mcf						
12.	Oil gravity: API G	as: btu/mc	f Average producing depth: ft						
			bbl Gas mcf						
	Undeveloped: Oil —		_ bbl Gas mcf						
14.	Were appraisals, evaluations, cash flow projecti	ions or other analyses made to assist i	n establishing a purchase price? 🔲 Yes 🔲 No						
	<ul> <li>a. If yes, please enclose copies of those appra most relied upon in establishing the purchas</li> <li>b. If no, please explain in Section D how the purchas</li> </ul>	isals, evaluations, cash flow projection e price.	s or analyses. Please identify the analy <mark>sis</mark> or appraisal						
15.	<ol> <li>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> </ol>								
	-	liabilities assumed in the acquisition, it	not included in item 15a. Please list each lease, including						
C.	c. The allocation to your company books of the PURCHASE PRICE OR TRANSFER AMOUNT	INFORMATION	s.						
	Terms: Total purchase price:	Ca	sh to seller:						
	Production and/or conventional loan(s):	Amount(s):	Interest rate(s):						
	Source(s) of financing (bank, seller, etc.):								
	Purchase price allocated to: Fixed plant & equ		Moveable <mark>eq</mark> uipment						
D.									
		CERTIFICATION							
Part	including any accompany poration declaration is binding		e State of California that the foregoing and all information hereon, orrect and complete to the best of my knowledge and belief. <b>This</b> <b>artner.</b>						
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)		TITLE						
SIGN	IATURE OF ASSESSEE OR AUTHORIZED AGENT		DATE						
NAM	E OF ENTITY (typed or printed)		FEDERAL EMPLOYER ID NUMBER						
PREI	PARER'S NAME AND ADDRESS (typed or printed)		TITLE						
DAY <sup>-</sup>	TIME TELEPHONE NUMBER E-MAIL ADDRESS		1						

