EF-502-G-R06-0516-11000331-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

Glenn County Assessor/Clerk/Recorder

516 W. SYCAMORE ST., 2ND FLOOR WILLOWS, CA 95988 Phone: (530) 934-6402

FAX: (530) 934-6571

Sendy Perez

File this statement by:

BUYER/TRANSFEREE	RECORDING DATA
	Date Recorded:
MAILING ADDRESS	Document Number:
	Assessor's Identification Number:
SELLER/TRANSFEROR	MB PG PCL
MAILING ADDRESS	Phone Numbers:
	Buyer: ()
FIELD	Seller:
	Sec: Twp: Rng:
IMPORTANT NOTICE	
assessed by the county assessor, to file a Change in Ownership State Statement must be filed at the time of recording or, if the transfer is not that where the change in ownership has occurred by reason of death the estate is probated, shall be filed at the time the inventory and approperation of days from the date of a written request by the Assessor results in a taxes applicable to the new base year value reflecting the change in own but not to exceed five thousand dollars (\$5,000) if the property is eligible.	y or manufactured home subject to local property taxation, and that is ment with the County Recorder or Assessor. The Change in Ownership trecorded, within 90 days of the date of the change in ownership, except the statement shall be filed within 150 days after the date of death or, if aisal is filed. The failure to file a Change in Ownership Statement within penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the nership of the real property or manufactured home, whichever is greater, be for the homeowners' exemption or twenty thousand dollars (\$20,000) lure to file was not willful. This penalty will be added to the assessment die be subject to the same penalties for nonpayment.
A. TRANSFER INFORMATION (Check the appropriate boxes to indic	
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	or registered domestic partners, divorce settlement,
in which the seller retai <mark>ns</mark> legal title <mark>to</mark> it a <mark>fte</mark> r the buyer <mark>tak</mark> es	14. Was this transaction only a correction of the
possession.	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?
Relationship to deceased	16. Was this transaction the termination of a joint
4. Trade or exchange. The above described property has been	tenancy interest?
traded or exchanged for other real property or tangible personal property.	17. Was this transfer between family members or
	related businesses?
5. Merger or stock acquisition.	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.	If yes , is the trust: Revocable Irrevocable
9. Life estate.	21. If the trust is irrevocable, is the transferor or the
	transferor's spouse or registered domestic $\hfill \hfill \hfill$
10. Reconveyance (pay-off).	partner the sole present beneficiary?
11. Creation or assignment of a lease:	22. Does this property revert to the transferor in
(date)	12 years or less? (Clifford Trust)
12. Termination of a lease:	If you answered no to 21 or 22, attach a copy of the trust
. (date)	agreement.

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



B.	PROPERTY INFORMATION (Complete each item as it appl	es 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:	
4.	Closing date: Recor	ding document: Number: Date:	
5.	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	n connection with the transaction:	
7.	Interest acquired (please report decimal fractions out of totals	e.a., 0.875 out of 1.000).	
		Other working interest owners & percentages:	
8.	Number of wells: Producing Injection	n All idle Other	
		Total acres in the parcel:	
10.		b/d Gasb/d	
	Price received for oil and gas at acquisition: Oil	\$/b Gas \$/mcf	
	Oil gravity: API Gas:	btu/mcf Average producing depth:ft	
	Proved reserves: Developed: Oil		
	Undeveloped: Oil		
14.		analyses made to assist in establishing a purchase price?	
		ons, cash flow projections or analyses. Please identify the analysis or appraisal	
15.	Please enclose a copy of the following:		
	a. The sales agreement or contract including all exhibits and	amendments thereto, as well as other related agreements or contracts, such as loan $% \left\{ 1,2,\ldots ,n\right\}$	
	agreements.		
	 A complete listing of all assets acquired and liabilities ass wells and related equipment, separately. 	umed in the acquisition, if not included in item 15a. Please list each lease, including	
	c. The allocation to your company books of the total acquisi	ion price, by specific items.	
C.	PURCHASE PRICE OR TRANSFER AMOUNT INFORMATI	ON	
	Terms: Total purchase price:	Cash 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 & equipment:	Moveable equipment	
D.	REMARKS (Please include below any additional information	about the sale or tran <mark>sfer which s</mark> hould be called to the attention of the Assessor.)	
		CERTIFICATION	
Par	including any accompanying statement declaration is binding on each and	nerjury under the laws of the State of California that the foregoing and all information hereon, ats or documents, is true, correct and complete to the best of my knowledge and belief. This every co-owner and/or partner.	
_	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	TITLE	
SIGN	IATURE OF ASSESSEE OR AUTHORIZED AGENT	DATE	
NIANA	E OF ENTITY (hand as printed)	FEDERAL EMPLOYED ID MUMDER	
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		

