## CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Howard LaHaie Humboldt County Assessor 825 Fifth ST Eureka, CA 95501-1153 Phone: (707) 445-7276

\_\_\_\_

BUYER/TRANSFEREE	RECORDING DATA						
	Date Recorded:						
MAILING ADDRESS	Document Number:						
SELLER/TRANSFEROR	Assessor's Identification Number:						
SELLER/TRANSFEROR	MB PG PCL						
MAILING ADDRESS	Phone Numbers:						
	Buver: ()						
FIELD	Seller:						
	Sec: Twp: Rng:						
IMPORTANT NOTICE							
The law requires any transferee acquiring an interest in real property or manufactured home subject to local property taxation, and that is							
assessed by the county assessor, to file a Change in Ownership Statement with the County Recorder or Assessor. The Change in Ownership Statement must be filed at the time of recording or, if the transfer is not recorded, within 90 days of the date of the change in ownership, except							
that where the change in ownership has occurred by reason of death the statement shall be filed within 150 days after the date of death or, if							
the estate is probated, shall be filed at the time the inventory and appraisal is filed. T							
90 days from the date of a written request by the Assessor results in a penalty of eith taxes applicable to the new base year value reflecting the change in ownership of the r	er: (1) one hundred dollars (\$100); or (2) 10 percent of the						
but not to exceed five thousand dollars (\$5,000) if the property is eligible for the hom							
if the property is not eligible for the homeowners' exemption if that failure to file was							
roll and shall be collected like any other delinquent property taxes, and be subject to	the same penalties for nonpayment.						
A. TRANSFER INFORMATION (Check the appropriate boxes to indicate the method	d 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						
or registe	ered domestic partners, divorce settlement, 🛛 Yes 🖾 No						

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION							
12. 🗌	Termination of a lease:		If you answered no to 21 or 22, attach a copy of ta agreement.	he trust			
11. 🗌	Creation or assignment of a lease:	22.	Does this property revert to the transferor in 12 years or less? ( <i>Clifford Trust</i> )	2 Yes	🗌 No		
10. 🗌	Reconveyance (pay-off).		transferor's spouse or registered domestic partner the sole present beneficiary?	∐ Yes	∐ No		
9. 🗌	Life estate.	21.	If the trust is irrevocable, is the transferor or the	_			
8. 🗌	Gift.	20.	Has this property been transferred to a trust? If <b>yes</b> , is the trust: Revocable Irrevocable	☐ Yes	🗌 No		
7. 🗌	Foreclosure or trustee sale.	19.	Was this document recorded to create, assign, or terminate a lender's interest in this property?	🗌 Yes	🗌 No		
6. 🗌	<b>Partial interest transfer.</b> Was less than 100 percent of the property transferred? If <b>yes</b> , 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		
5. 🗌	Merger or stock acquisition.		Was this transfer between family members or related businesses?	☐ Yes			
4. 🗌	Trade or exchange. The above described property has been	16.	Was this transaction the termination of a joint tenancy interest?	🗌 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		
2.		14.	etc.? Was this transaction only a correction of the name(s) of persons or entities holding title?				
			or registered domestic partners, divorce settlement,				

## EF-502-G-R06-0516-12000031-2 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:					
4.	Closing date:	Recording document: 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.	<ul> <li>Interest acquired (please report decimal fractions out of total; e.g., 0.875 out of 1.000).</li> <li>Revenue interest: Working interest: Other working interest owners &amp; percentages:</li> </ul>							
8.	Number of wells: Producing	Injection	All idle Other					
9.	Productive acres in the parcel:	Total ac	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	Average producing depth:ft					
			_ bbl Gas mcf					
	Undeveloped: Oil —		bbl Gas mcf					
15. <b>C.</b>	<ul> <li>a. If yes, please enclose copies of those appramost relied upon in establishing the purchas</li> <li>b. If no, please explain in Section D how the purchase enclose a copy of the following: <ul> <li>a. The sales agreement or contract including all agreements.</li> </ul> </li> <li>b. A complete listing of all assets acquired and wells and related equipment, separately.</li> <li>c. The allocation to your company books of the <b>PURCHASE PRICE OR TRANSFER AMOUNT</b> Terms: Total purchase price:</li></ul>	isals, evaluations, cash flow projection e price. urchase price was determined. Il exhibits and amendments thereto, as liabilities assumed in the acquisition, if e total acquisition price, by specific item INFORMATION Ca Amount(s):	h establishing a purchase price? Yes No s or analyses. Please identify the analysis or appraisal well as other related agreements or contracts, such as loan inot included in item 15a. Please list each lease, including s. sh to seller: Interest rate(s): Moveable equipment which should be called to the attention of the Assessor.)					
		CERTIFICATION						
Prop Part	nership including any accompar 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> artner.					
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					
PREF	PARER'S NAME AND ADDRESS (typed or printed)		TITLE					
DAY1 (	TIME TELEPHONE NUMBER E-MAIL ADDRESS							

