EF-502-G-R06-0516-14000228-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

County of Inyo Dave Stottlemyre, Assessor P.O. Box J

Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us

File this statement by:

BULLER/TRANSFEROR Date Recorded: Document Number: Assessor's Identification Number: MB		
Document Number: Assessor's Identification Number: MB PG PCL MALINFA ADDRESS Phone Numbers: Buyer:	BUYER/TRANSFEREE	RECORDING DATA
SELECTRANSFEROR Section Sectio	MAILING ADDRESS	
MALINING ADDRESS Phone Numbers: Phone Numbers: Buyer.		
MILINGADDRESS Phone Numbers: Buyer:	SELLER/TRANSFEROR	
IMPORTANT NOTICE The law requires any transfere acquiring an interest in real property or manufactured home subject to local property taxation, and that is assessed by the county assessor, to the a Charge in Ownership Statement with the County Recorder or Assessor. The Charge in Ownership Statement must be filled at the time of recording or, if the transfer is not recorded, within 90 days of the date of the change in ownership has occurred by reason of death the statement shall be filled within 150 days after the date of death or, the thange in ownership has occurred by reason of death the statement shall be filled within 150 days after the date of death or, the thange in ownership has occurred by reason of death the statement shall be filled within 150 days after the date of death or, the thange in ownership of the transfer is not recorded, within 90 days from the date of a written request by the Assessor results in a penalty of titler (a) on hundred dailars (\$20,000) if the property is clighted for the homewore exception of the property is one to the fill have been really one of the property is one of the		
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THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION (Complete each item as it app	•	
	Seller's name and address:		
	Field name: Lease nam		
	Date sales agreement or letter of intent signed:		
4.	Closing date: Reco	rding document: Number:	Date:
5.	Name, address and phone number of person with purchasin relative to the transaction:	-	ction 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	l; e.g., 0.875 out of 1.000).	
	Revenue interest: Working interest:	Other working int	terest owners & percentages:
8.	Number of wells: Producing Injectio	on A <u>ll i</u> dle	Other
9.	Productive acres in the parcel:	Total acres in the	parcel:
10.	Production rates at acquisition: Oil	b/d Gas	
11.	Price received for oil and gas at acquisition: Oil	\$/b G	sas \$/mcf
12.	Oil gravity:API Gas:	btu/mcf Average	e producing depth:ft
			mcf
	Undeveloped: Oil	bbl Ga	smcf
14.	Were appraisals, evaluations, cash flow projections or other		ing a purchase price? Yes No
	 a. If yes, please enclose copies of those appraisals, evalua most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price. 		ses. Please <mark>identify the a</mark> naly <mark>sis</mark> or appraisal
15.	Please enclose a copy of the following:	d according to the code of a code of a	
	 The sales agreement or contract including all exhibits and agreements. 	d amendments thereto, as well as of	her related agreements or contracts, such as loan
	 b. A complete listing of all assets acquired and liabilities ass wells and related equipment, separately. 	sumed in the acquisition, if not include	led in item 15a. Please list each lease, including
	c. The allocation to your company books of the total acquis	ition price, by specific items.	
C.	PURCHASE PRICE OR TRANSFER AMOUNT INFORMAT	ION	
	Terms: Total purchase price:	Cash to selle	r.
	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:	Movea	able <mark>eq</mark> uipment
D.	REMARKS (Please include below any additional information	about the sale or tran <mark>sfer which sho</mark>	ould be called to the attention of the Assessor.)
		CERTIFICATION	
Pari	including any accompanying stateme poration declaration is binding on each and	ents or documents, is true, correct and o	California that the foregoing and all information hereon, complete to the best of my knowledge and belief. This
	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
PREPARER'S NAME AND ADDRESS (typed or printed)			TITLE
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS		
()		

