CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

11. Creation or assignment of a lease:

12. Termination of a lease: _

File this statement by:



Douglas W. Wacker County Assessor-Recorder

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453 Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293 Fax: 707-263-3703

BUYER/TRANSFEREE	RECORDING DATA	RECORDING DATA	
	Date Recorded:		
MAILING ADDRESS	Document Number:		
SELLER/TRANSFEROR	Assessor's Identification Number:		
	MB PG	PCL	
MAILING ADDRESS	Phone Numbers:		
FIELD	Buyer: ()		
FIELD	Seller:		
IMPORTANT NOTICE	Sec: Twp: Rr	ng:	
The law requires any transferee acquiring an interest in real propert	y or manufactured home subject to local property taxa	ation. and that is	
assessed by the county assessor, to file a Change in Ownership State	ment with the County Recorder or Assessor. The Chan	ge in Ownership	
Statement must be filed at the time of recording or, if the transfer is no 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 appr			
90 days from the date of a written request by the Assessor results in a	penalty of either: (1) one hundred dollars (\$100); or (2)	10 percent of the	
taxes applicable to the new base year value reflecting the change in ow			
but not to exceed five thousand dollars (\$5,000) if the property is eligit if the property is not eligible for the homeowners' exemption if that fai			
roll and shall be collected like any other delinquent property taxes, an		the assessment	
A. TRANSFER INFORMATION (Check the appropriate boxes to indi	cate 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/addition solely between spouses		
	or registered domestic partners, divorce settlement,	🗌 Yes 🗌 No	
 Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes 	etc.?		
possession.	14. Was this transaction only a correction of the		
	name(s) of persons or entities holding title?	🗌 Yes 📙 No	
3. Inheritance. Transfer by will or intestate succession.	15. If you hold title to this property as a joint tenant,		
Date of death Relationship to deceased	is the seller or transferor also a joint tenant?	🗌 Yes 🗌 No	
	16. Was this transaction the termination of a joint		
4. Trade or exchange. The above described property has been	tenancy interest?	🗌 Yes 🗌 No	
traded or exchanged for other real property or tangible personal property.			
	17. Was this transfer between family members or related businesses?	🗌 Yes 🗌 No	
5. Merger or stock acquisition.			
6. Partial interest transfer. Was less than 100 percent of the	 Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar 		
property transferred? If yes , indicate the percentage	document?	🗌 Yes 🗌 No	
transferred %.			
	19. Was this document recorded to create, assign,		
7. Service or trustee sale.	or terminate a lender's interest in this property?	∐ Yes ∐ No	
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		
	transferor's spouse or registered domestic	🗌 Yes 🗌 No	
10. Reconveyance (pay-off).	partner the sole present beneficiary?		

22. Does this property revert to the transferor in	
12 years or less? (Clifford Trust)	🗌 Yes 🗌 No

partner the sole present beneficiary?

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

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)

EF-502-G-R06-0516-17000151-2 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:	Par	Parcel number:			
3.	Date sales agreement or letter of	intent signed:	Effective transf	Effective transfer date:			
4.	Closing date:	Recording docum	nent: 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.	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 acres in the parce				
10.	Production rates at acquisition:	Oilb/d Gas	sm	cf/d Waterb/d			
		cquisition: Oil	\$/bGas	\$/mcf			
12.	Oil gravity:	API Gas:	btu/mcf Average prod	ucing depth:ft			
	Proved reserves: Develope		bbl Gas	mcf			
	Undevelope	d: Oil	bbl Gas	mcf			
14.	Were appraisals, evaluations, cas	sh flow projections or other analyses m	ade to assist in establishing a	purcha <mark>se price? Yes</mark> No			
	a. If yes , please enclose copies most relied upon in establishin	of those appraisals, evaluations, cash	flow projections or analyses. P				
15.	Please enclose a copy of the follo	owing:					
	 a. The sales agreement or contract including all exhibits and amendments thereto, as well as other related agreements or contracts, such as loan agreements. 						
	wells and related equipment, s	separately.		tem 15a. Please list each lease, including			
C.							
				Interest rate(s):			
	Source(s) of financing (bank, selle	er, etc.):					
D.	Purchase price allocated to: Fixed plant & equipment: Moveable equipment REMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of the Assess						
		CERTIFI	CATION				
Par	nership including poration declarat	(or declare) under penalty of perjury unde	er the laws of the State of Californ nents, is true, correct and comple	ia that the foregoing and all information hereon, te 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 AG	SENT		DATE			
NAME OF ENTITY (typed or printed)				FEDERAL EMPLOYER ID NUMBER			
PREPARER'S NAME AND ADDRESS (typed or printed)				TITLE			
DAY	TIME TELEPHONE NUMBER E-M	AILADDRESS					
()						

