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

File this statement by:



## Shelly Scott

Assessor-Recorder-County Clerk County of Marin CHANGE IN OWNERSHIP DIVISION P.O. Box C San Rafael, CA 94913 Phone: (415) 473-7231 Fax: (415) 473-6255 www.marincounty.gov

BUYER/TRANSFEREE	RECORDING DATA	
MAILING ADDRESS	Date Recorded:	
	Document Number: Assessor's Identification Number:	
SELLER/TRANSFEROR	MB PG PCL	
MAILING ADDRESS	Phone Numbers:	
FIELD	Buyer: () Seller: ()	
IMPORTANT NOTICE The law requires any transferee acquiring an interest in real property or manufactu assessed by the county assessor, to file a Change in Ownership Statement with the		
Statement must be filed at the time of recording or, if the transfer is not recorded, with that where the change in ownership has occurred by reason of death the statement	hin 90 days of the date of the change in ownership, except 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 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	er: (1) one hundred dollars (\$100); or (2) 10 percent of the real property or manufactured home, whichever is greater, reowners' exemption or twenty thousand dollars (\$20,000) not willful. This penalty will be added to the assessment	
A. TRANSFER INFORMATION (Check the appropriate boxes to indicate the metho	d by which you acquired an interest in the property.)	
	transfer/addition solely between spouses ered domestic partners, divorce settlement,	

etc.?

2. Land Sales Contract.	A contract fo	or the purchase of pr	operty	
in which the seller retai	ins legal title	to it after the buyer	takes	
possession.			14.	

- 3. Inheritance. Transfer by will or intestate succession Date of death Relationship to deceased
- 4. **Trade or exchange.** The above described property has been traded or exchanged for other real property or tangible personal property.
- 5. Merger or stock acquisition.
- 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.
- Reconveyance (pay-off). 10.

12. Termination of a lease:

Creation or assignment of a lease: 11

(date)

is the seller or transferor also a joint tenant? 🗌 Yes 🗌 No 16. Was this transaction the termination of a joint 🗌 Yes 🗌 No tenancy interest? 17. Was this transfer between family members or 🗌 Yes 🗌 No related businesses? 18. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar 🗌 Yes 🗌 No document? 19. Was this document recorded to create, assign, Yes No or terminate a lender's interest in this property? 🗌 Yes 🗌 No 20. Has this property been transferred to a trust? If yes, is the trust: Revocable Irrevocable 21. If the trust is irrevocable, is the transferor or the 🗌 Yes 📙 No transferor's spouse or registered domestic partner the sole present beneficiary? 22. Does this property revert to the transferor in 🗌 Yes 🗌 No 12 years or less? (Clifford Trust) If you answered no to 21 or 22, attach a copy of the trust

Yes No

Was this transaction only a correction of the

name(s) of persons or entities holding title?

15. If you hold title to this property as a joint tenant,

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

agreement.



## EF-502-G-R06-0516-21000168-2 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:		E	ffective transfer date:	
4.	Closing date:	Recording docu	ment: Number:	Date:	
5.	Name, address and phone number of person wire relative to the transaction:	th purchasing firm who	is familiar with the	e transaction and would be available to	answer questions
6.	Name, address, and phone number of any cons	ultants used in connec	tion with the transa	action:	
7	Interest acquired (please report decimal fraction	s out of total: e.g. 0.87	75 out of 1 000)		
	Revenue interest: Working			rking interest owners & percentages: _	
8.	Number of wells: Producing			idle Other	
	Productive acres in the parcel:			s in the parcel:	
10.	Production rates at acquisition: Oil	b/d Ga	as	mcf/d Water	b/d
	Price received for oil and gas at acquisition: O Oil gravity:API G			\$/b_Gas Average producing depth:	\$/mcf
		a3.		bl Gas	
15.					mcf
14	Were appraisals, evaluations, cash flow projecti				
15.	<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:</li> <li>a. The sales agreement or contract including all</li> </ul>	e price. urchase price was deter	rmined.		
C.	<ul> <li>agreements.</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>	total acquisition price,	by specific items.		n lease, including
	Production and/or conventional loan(s):				e(s):
	Source(s) of financing (bank, seller, etc.):				
D.	Purchase price allocated to: Fixed plant & equ REMARKS (Please include below any additional	ipment:		Moveable equipment hich should be called to the attention o	
		CERTIF	ICATION		
Part	including any accompar poration declaration is binding		iments, is true, corre	tate of California that the foregoing and a ect and complete to the best of my knowle ner.	
	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 NUI	MBER
PREI	PARER'S NAME AND ADDRESS (typed or printed)			TITLE	
DAYT (	TIME TELEPHONE NUMBER E-MAIL ADDRESS			I	

