CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Vincent P. Kehoe County of Mariposa Assessor/Recorder 4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719

| BUYER/TRANSFEREE | RECORDING DATA |
|--|--|
| MAILING ADDRESS | Date Recorded: |
| | Document Number: |
| SELLER/TRANSFEROR | MB PG PCL |
| MAILING ADDRESS | Phone Numbers: |
| | Buyer: () Seller: () Sec: Twp: Rng: |
| The law requires any transferee acquiring an interest in real property or a assessed by the county assessor, to file a Change in Ownership Statement Statement must be filed at the time of recording or, if the transfer is not reco that where the change in ownership has occurred by reason of death the s the estate is probated, shall be filed at the time the inventory and appraisal 90 days from the date of a written request by the Assessor results in a pena taxes applicable to the new base year value reflecting the change in ownersh but not to exceed five thousand dollars (\$5,000) if the property is eligible for if the property is not eligible for the homeowners' exemption if that failure to roll and shall be collected like any other delinquent property taxes, and be | t with the County Recorder or Assessor. The Change in Ownership orded, within 90 days of the date of the change in ownership, except statement shall be filed within 150 days after the date of death or, if is filed. The failure to file a Change in Ownership Statement within alty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the hip of the real property or manufactured home, whichever is greater, or the homeowners' exemption or twenty thousand dollars (\$20,000) to file was not willful. This penalty will be added to the assessment |
| A. TRANSFER INFORMATION (Check the appropriate boxes to indicate a | the method by which you acquired an interest in the property.) |
| Purchase (complete Sections B and C on the reverse side). Land Sales Contract. A contract for the purchase of property | . Was this transfer/addition solely between spouses or registered domestic partners, divorce settlement, |
| in which the seller retains legal title to it after the buyer takes possession. 14 | etc.? . Was this transaction only a correction of the name(s) of persons or entities holding title? |
| Inheritance. Transfer by will or intestate succession. Date of death15 Relationship to deceased | . If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant? |
| traded or exchanged for other real property or tangible personal | Was this transaction the termination of a joint tenancy interest? |
| 5. Merger or stock acquisition. | Was this transfer between family members or related businesses? Yes No |
| 6. Partial interest transfer. Was less than 100 percent of the | under a deed of trust, mortgage, or other similar |

- Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage transferred ______%.
- 7. D Foreclosure or trustee sale.
- 8. Gift.
- 9. Life estate.
- 10. Reconveyance (pay-off).

12. Termination of a lease:

11. Creation or assignment of a lease:

22. Does this property revert to the transferor in 12 years or less? (*Clifford Trust*) Yes No
If you answered no to 21 or 22, attach a copy of the trust agreement.

19. Was this document recorded to create, assign,

20. Has this property been transferred to a trust?

21. If the trust is irrevocable, is the transferor or the

transferor's spouse or registered domestic

partner the sole present beneficiary?

or terminate a lender's interest in this property?

If **yes**, is the trust: Revocable Irrevocable

Yes No

Yes No

Yes No

Yes No

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)

document?

EF-502-G-R06-0516-22000104-2 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: |
| | - | th purchasing firm who is familiar with | the transaction and would be available to answer questions |
| 6. | 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 ad | res 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: Qi | | \$/b_ Gas\$/mcf |
| 12. | Oil gravity: API Ga | as: btu/mc | Average producing depth: ft |
| | Proved reserves: Developed: Oil | | bbl Gas mcf |
| | | | bbl Gas mcf |
| 14 | | | n establishing a purchase price? Yes No |
| 15. C. D. | a. If yes, please enclose copies of those appraisals, evaluations, cash flow projections or analyses. Please identify the analysis or appraisal most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price was determined. 5. 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 agreements. b. A complete listing of all assets acquired and liabilities assumed in the acquisition, if not included in item 15a. Please list each lease, including wells and related equipment, separately. c. The allocation to your company books of the total acquisition price, by specific items. PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION Terms: Total purchase price: Cash to seller: Interest rate(s): | | |
| _ | | | |
| | | CERTIFICATION | |
| Prop Part | nership including any accompan poration declaration is binding | | e State of California that the foregoing and all information hereon, prrect and complete to the best of my knowledge and belief. This artner. |
| NAM | E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed) | | TITLE |
| SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT | | DATE | |
| NAME OF ENTITY (typed or printed) | | FEDERAL EMPLOYER ID NUMBER | |
| PREPARER'S NAME AND ADDRESS (typed or printed) TITLE | | | |
| DAY1 (| IME TELEPHONE NUMBER E-MAIL ADDRESS | | |

