CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



MERCED COUNTY MATT H. MAY, ASSESSOR 2222 M STREET MERCED, CA 95340 TELEPHONE (209) 385-7631 FAX (209) 725-3956 www.co.merced.ca.us\assessor

BUYER/TRANSFEREE	RECORDING DATA			
	Date Recorded:	_		
MAILING ADDRESS	Document Number:	_		
	Assessor's Identification Number:			
SELLER/TRANSFEROR	MB PG PCL			
MAILING ADDRESS	Phone Numbers:			
FIELD LEASE	Buyer: () Seller: Turp: Dog:			
	Sec: Twp: Rng:			
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 s	thin 90 days of the date of the change in ownership, ex	cept		
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	The failure to file a Change in Ownership Statement w ther: (1) one hundred d <mark>oll</mark> ars (\$100); or (2) 10 percent o	ithin f the		

but not to exceed five thousand dollars (\$5,000) if the property is eligible for the homeowners' exemption or twenty thousand dollars (\$20,000) if the property is not eligible for the homeowners' exemption if that failure to file was not willful. This penalty will be added to the assessment

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 by which you acquired an interest in the property.)

1. 2.		Purchase (complete Sections B and C on the reverse side). Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes	13.	Was this transfer/addition solely between spouses or registered domestic partners, divorce settlement, etc.?	☐ Yes	🗌 No		
3.		Inheritance. Transfer by will or intestate succession. Date of death		Was this transaction only a correction of the name(s) of persons or entities holding title? If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?		□ No		
4.		Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal property.		Was th <mark>is transaction</mark> the termination of a joint tenancy interest? Was this transfer between family members or	☐ Yes	🗌 No		
5.		Merger or stock acquisition.		related businesses?	🗌 Yes	🗌 No		
6.		Partial interest transfer. Was less than 100 percent of the property transferred? If yes , indicate the percentage transferred%.		Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	☐ 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		
8.		Gift.	20.	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	🗌 Yes	🗌 No		
9.		Life estate.	21.	If the trust is irrevocable, is the transferor or the	🗌 Yes	🗆 No		
10.		Reconveyance (pay-off).		transferor's spouse or registered domestic partner the sole present beneficiary?				
11.		Creation or assignment of a lease:	22.	Does this property revert to the transferor in 12 years or less? (<i>Clifford Trust</i>)	🗌 Yes	🗌 No		
12.	. Termination of a lease:			If you answered no to 21 or 22, attach a copy of t agreement.	he trust			
THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION								

EF-502-G-R06-0516-24000112-2 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 lett	er of intent signed:		Effective transfer date:					
4.	Closing date:	Recording do	cument: Number:	Date:					
5.	Name, address and phone n relative to the transaction:		ho is familiar with	the transaction and would be available to answer question	3				
6.	. Name, address, and phone number of any consultants used in connection with the transaction:								
7.		port decimal fractions out of total; e.g., 0. Working interest:		working interest owners & percentages:					
8.	Number of wells: Producing	g Injection		All idle Other					
9.	Productive acres in the parce	el:	Total ac	cres in the parcel:					
10.	Production rates at acquisition	on: Oilb/d	Gas	mcf/d Waterb/d					
11.	Price received for oil and gas	s at acquisition: Oil		\$/b Gas\$/mcf					
12.	Oil gravity:	API Gas:	btu/mcf	f Average producing depth: f	t				
	Proved reserves: Deve			_bbl Gasn	۱Cf				
	Undev	eloped: Oil		_ bbl Gas n	۱cf				
14.	Were appraisals, evaluations	s, cash flow projections or other analyse	s made to assist in	n establishing a purchase price? 🔲 Yes 🔲 No					
	a. If yes , please enclose co most relied upon in estab		sh flow projection	is or analyses. Please identify the analysis or appraisal					
15.	Please enclose a copy of the								
		_	Iments thereto, as	s well as other related agreements or contracts, such as loa	n				
	wells and related equipm	ent, separately.		f not included in item 15a. Please list each lease, including					
C.	PURCHASE PRICE OR TR	mpany books of the total acquisition pric ANSFER AMOUNT INFORMATION							
		9:		ish to seller:					
			Amount(s):	Interest rate(s):					
	Source(s) of financing (bank,	, seller, etc.):							
		Fixed plant & equipment:		Moveable equipment					
D.	REMARKS (Please include i	r which should be called to the attention of the Assessor.)							
					_				
		CERT	IFICATION						
Part	nership inclusion inclusica inclusica inclusica inclusica inclusica inclusica inclusio		cuments, is true, co	e State of California that the foregoing and all information here orrect and complete to the best of my knowledge and belief. Ti artner.					
	E OF ASSESSEE OR AUTHORIZED AG	GENT (typed or printed)		TITLE					
SIGN	ATURE OF ASSESSEE OR AUTHORIZ	ZED AGENT		DATE					
NAM	E OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUMBER					
PREI	PARER'S NAME AND ADDRESS (typed	l or printed)		TITLE					
DAY ⁻		E-MAIL ADDRESS							
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