CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

9. Life estate.

10. Reconveyance (pay-off).

12. Termination of a lease:

11. Creation or assignment of a lease:



Xochitl Marina Camacho Monterey County Assessor P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035

Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us

BUYER/TRANSFEREE		RECORDING DATA			
			Date Recorded:		
MAILING A	DDRESS		Document Number:		
			Assessor's Identification Num		
SELLER/TI	RANSFEROR		MB	PG PCL	
MAILING A	DDRESS	I	Phone Numbers:		
			Buyer: ()		
FIELD	LEASE		Seller:	Λ	
IMPO			Sec: Twp:	Rng:	
_	requires any transferee acquiring an interest in real propert	y or manufactu	red home subject to local pro	perty taxation, and that is	
assesse	ed by the county assessor, to file a Change in Ownership State	ment with the C	ounty Recorder or Assessor.	The Change in Ownership	
	ent must be filed at the time of recording or, if the transfer is no ere the change in ownership has occurred by reason of death				
	te is probated, shall be filed at the time the inventory and appr				
	from the date of a written request by the Assessor results in a				
	oplicable to the new base year value reflecting the change in ow				
	to exceed five thous <mark>and do</mark> llars (\$5,000) <mark>if t</mark> he property is eligil operty is not eligible for the homeowners' exemption if that fai				
	shall be collected like any other delinquent property taxes, an				
	ANSFER INFORMATION (Check the appropriate boxes to indi				
1. 🗌	Purchase (complete Sections B and C on the reverse side).	13. Was this t	ransfer/addition solely between s	spouses	
		or register	ed domestic partners, divorce se	ettlement, 🗌 Yes 🗌 No	
2. 🗋	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 t	the	
_			of p <mark>ers</mark> ons or entities holding title		
3. 🗋	Inheritance. Transfer by will or intestate succession.	15 If you hold	d title to this property as a joint te	nant	
	Date of death		er or transferor also a joint tenant		
	Relationship to deceased		-		
4.	Trade or exchange. The above described property has been	16. Was this t tenancy ir	ransaction the termination of a jo	int Ves No	
	traded or exchanged for other real property or tangible personal				
	property.		ransfer between family members		
5.	Merger or stock acquisition.	related bu	isinesses?	🗌 Yes 🗌 No	
		18. Was this o	locument recorded to substitute	a trustee	
6.	Partial interest transfer. Was less than 100 percent of the	under a d	eed of trust, mortgage, or other s		
	property transferred? If yes , indicate the percentage	document	?	🗌 Yes 🛄 No	
	transferred %.	19. Was this o	document recorded to create, as	sign,	
7. 🗌	Foreclosure or trustee sale.		te a lender's interest in this prop		
8. 🗌	Gift.		roperty been transferred to a true the trust: Revocable In		

21. If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic partner the sole present beneficiary?

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.

Yes No

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)

EF-502-G-R06-0516-27000134-2 BOE-502-G (P2) REV. 6 (05-16)

B. **PROPERTY INFORMATION** (Complete each item as it applies to this transaction.)

	Seller's name and address:								
				Parcel number:					
	Date sales agreement or letter of intent signed:								
4.	Closing date:	Recording doc	ument: Number: _		Date:				
5.	Name, address and phone number of person wirelative to the transaction:	th purchasing firm who	o is familiar with th	ne transaction 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; e.g., 0.875 out of 1.000).								
	Revenue interest: Working) interest:	Other w	orking interest owners & pe	rcentages:				
				II idle					
	Productive acres in the parcel:			es in the parcel:					
10.	Production rates at acquisition: Oil	b/d G	as	mcf/d Water	b/d				
	Price received for oil and gas at acquisition: O Oil gravity: API Ga			_ \$/b Gas Average producing depth:	\$/mcf				
	Proved reserves: Developed: Oil	15.			mcf				
15.	Undeveloped: Oil				mcf				
14									
15. C.	 4. Were appraisals, evaluations, cash flow projections or other analyses made to assist in establishing a purchase price? Yes No 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: Production and/or conventional loan(s): Amount(s): Amount(s): Interest rate(s): Source(s) of financing (<i>bank, seller, etc.</i>): 								
D.	Purchase price allocated to: Fixed plant & equ REMARKS (Please include below any additional			_ Moveable equipment which should be called to the called to th					
	OWNERSHIP TYPE	CERTI	FICATION						
Prop Part	orietorship I certify (or declare) und nership including any accompar poration declaration is binding	nying statements or doc	uments, is true, col	rrect and complete to the bes	regoing and all information hereon, t of my knowledge and belief. This				
NAM	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)			TITLE					
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT									
NAME OF ENTITY (typed or printed)					IPLOYER ID NUMBER				
PREPARER'S NAME AND ADDRESS (typed or printed)									
DAY1 (IME TELEPHONE NUMBER E-MAIL ADDRESS								

