CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



John Tuteur Napa County Assessor-Clerk-Recorder 1127 First St Room 128 Napa, CA 94559 PH: (707) 253-4467 FAX: (707) 253-6171

Yes No

🗌 Yes 🗌 No

🗌 Yes 🗌 No

Yes No

BUYER/TRANSFEREE	RECORDING DATA
	Date Recorded:
MAILING ADDRESS	Document Number:
	Assessor's Identification Number:
SELLER/TRANSFEROR	MB PG PCL
MAILING ADDRESS	Phone Numbers:
	Buyer: ()
Field LEASE	Seller:
IMPORTANT NOTICE	Sec: Twp: Rng:
	ty or manufactured home subject to local property taxation, and that is
	ement with the County Recorder or Assessor. The Change in Ownership
	ot recorded, within 90 days of the date of the change in ownership, except
0 1 2	I the statement shall be filed within 150 days after the date of death or, if raisal is filed. The failure to file a Change in Ownership Statement within
	a penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the
	mership of the real property or manufactured home, whichever is greater,
	ble for the homeowners' exemption or twenty thousand dollars (\$20,000)
if the property is not eligible for the homeowners' exemption if that fa roll and shall be collected like any other delinguent property taxes, an	ilure to file was not willful. This penalty will be added to the assessment
A. TRANSFER INFORMATION (Check the appropriate boxes to indi	icate the method by which you acquired an interest in the property.)
1. Description Purchase (complete Sections B and C on the reverse side).	13. Was this transfer/addition solely between spouses
2. Land Sales Contract. A contract for the purchase of property	or registered domestic partners, divorce settlement, Yes No etc.?
in which the seller retains legal title to it after the buyer takes possession.	14. Was this transaction only a correction of the name(s) of persons or entities holding title?
3. Inheritance. Transfer by will or intestate succession.	
Data of death	15. If you hold title to this property as a joint tenant,

Date of death . Relationship to deceased

4.	Trade or exchange. The above described	pro	perty has	s be	een	
	traded or exchanged for other real property	or	tangible	per	son	a
	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.
- 10. Reconveyance (pay-off).

12. Termination of a lease:

11. Creation or assignment of a lease:_

(date)

(date)

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?

is the seller or transferor also a joint tenant?

Was this transfer between family members or

18. Was this document recorded to substitute a trustee

under a deed of trust, mortgage, or other similar

16. Was this transaction the termination of a joint

tenancy interest?

related businesses?

document?

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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.

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



EF-502-G-R06-0516-28000191-2 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 contra agreements.	act including all exhibits and amendme	ints thereto, as well as other re	lated agreements or contracts, such as loan			
 A complete listing of all assets acquired and liabilities assumed in the acquisition, if not included in item 15a. Please list each lease, included and related equipment, separately. 							
C.	PURCHASE PRICE OR TRANSF	c. The allocation to your company books of the total acquisition price, by specific items. PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION					
				Interest rate(s):			
	Source(s) of financing (bank, selle	er, etc.):					
D.	Purchase price allocated to: Fixe REMARKS (<i>Please include below</i>			uipment e called to the attention of the Assessor.)			
		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				
PRE	PARER'S NAME AND ADDRESS (typed or prin	nted)		TITLE			
DAY	TIME TELEPHONE NUMBER E-M	AILADDRESS					
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