EF-502-G-R06-0516-29000101-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT

OIL AND GAS PROPERTY

File this statement by:

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

Nevada County Assessor

Rolf D. Kleinhans

BUYER/TRANSFEREE	RECORDING DATA			
	Date Recorded:			
MAILING ADDRESS	Document Number:			
SELLER/TRANSFEROR	Assessor's Identification Number:			
OLLLET WHAT ELLOW	MB PG PCL			
MAILING ADDRESS	Phone Numbers:			
	Buyer: ()			
FIELD	Seller: ()			
IMPORTANT NOTICE	Sec: Twp: Rng:			
IMPORTANT NOTICE	y or manufactured home subject to local property taxation, and that is			
	ment with the County Recorder or Assessor. The Change in Ownership			
Statement must be filed at the time of recording or, if the transfer is not recorded, within 90 days of the date of the change in ownership, except				
	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			
	penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the			
	nership of the real property or manufactured home, whichever is greater,			
	ole for the homeowners' exemption or twenty thousand dollars (\$20,000) lure to file was not willful. This penalty will be added to the assessment			
roll and shall be collected like any other delinquent property taxes, an	d be <mark>su</mark> bject to the s <mark>am</mark> e penalties <mark>fo</mark> r nonpayment.			
A. TRANSFER INFORMATION (Check the appropriate boxes to indicate the control of t	cate the method by which you acquired an interest in the property.)			
1. 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,			
in which the seller retains legal title to it after the buyer takes	etc.?			
possession.	14. Was this transaction only a correction of the			
3. Inheritance. Transfer by will or intestate succession.				
Date of death	15. If you hold title to this property as a joint tenant,			
Relationship to deceased	is the seller or transferor also a joint tenant?			
4. Trade or exchange. The above described property has been	16. Was this transaction the termination of a joint			
traded or exchanged for other real property or tangible personal	tenancy interest?			
property.	17. Was this transfer between family members or			
5. Merger or stock acquisition.	related businesses?			
	18. Was this document recorded to substitute a trustee			
6. Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage	under a deed of trust, mortgage, or other similar document?			
transferred				
	19. Was this document recorded to create, assign, or terminate a lender's interest in this property? ☐ Yes ☐ No			
7. L Foreclosure or trustee sale.				
8. Gift.	20. Has this property been transferred to a trust?			
	If yes , is the trust: Revocable Irrevocable			
9. Life estate.	21. If the trust is irrevocable, is the transferor or the			
10. Reconveyance (pay-off).	transferor's spouse or registered domestic Yes No			
10 1.00011109 (pay-on).	partner the sole present beneficiary?			
11. Creation or assignment of a lease:	22. Does this property revert to the transferor in			
(date)	12 years or less? (Clifford Trust) Yes No			
12. Termination of a lease:	If you answered no to 21 or 22, attach a copy of the trust			
(date)	agreement.			

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION (Complete each item as it appl	lies to this transaction.)	
1.	Seller's name and address:		
2.	Field name: Lease name	e: Parcel number:	
3.	Date sales agreement or letter of intent signed:	Effective transfer date:	
4.	Closing date: Recor	rding document: Number: Date:	
5.	Name, address and phone number of person with purchasing relative to the transaction:	g firm who is familiar with the 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 working interest owners & percentages:	
8.	Number of wells: Producing Injectio	on All idle Other	
9.	Productive acres in the parcel:	Total acres in the parcel:	
10.	Production rates at acquisition: Oil		b/d
	Price received for oil and gas at acquisition: Oil	\$/b Gas	\$/mcf
	Oil gravity:API Gas:		ft
	Proved reserves: Developed: Oil	bbl Gas	mcf
	Undeveloped: Oil —		mcf
14.		analyses made to assist in establishing a purchase price?	
15. C .	most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price. Please enclose a copy of the following: a. The sales agreement or contract including all exhibits and agreements. b. A complete listing of all assets acquired and liabilities ass wells and related equipment, separately. c. The allocation to your company books of the total acquisite purchase price or transfer amount information. Terms: Total purchase price:	d amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such as the second of the s	ich as Ioan
	. ,	Amount(s): Interest rate(s):	
	Source(s) of financing (bank, seller, etc.):		
D.	Purchase price allocated to: Fixed plant & equipment:	Moveable equipmentabout the sale or transfer which should be called to the attention of the Ass	essor.)
		CERTIFICATION	
Pari Cor Oth	nership including any accompanying statement declaration is binding on each and er		
NAM	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 NUMBER	
PRE	PARER'S NAME AND ADDRESS (typed or printed)	TITLE	
DAY (TIME TELEPHONE NUMBER E-MAIL ADDRESS		

