EF-502-G-R05-1111-32000410-1 BOE-502-G (P1) REV. 5 (11-11)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

Cynthia L. Froggatt **Plumas County Assessor**

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BUYE	R/TR	ANSFEREE	RECORDING DATA		
			Date Recorded:		
MAILING ADDRESS			Document Number:		
		awarraa	Assessor's Identification Number:		
SELL	ER/TF	RANSFEROR	MB PG PCL		
MAILI	ING A	DDRESS	Phone Numbers:		
			Buyer: ()		
FIELD)	LEASE	Seller		
			Sec: Twp: Rng:		
		RTANT NOTICE			
asse Stat that the 90 d taxe but if th	esse eme whe esta lays es ap not t e pro	nd by the county assessor, to file a Change in Ownership State on the 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 apply from the date of a written request by the Assessor results in a policable to the new base year value reflecting the change in ow to exceed five thousand dollars (\$5,000) if the property is eligi	ty or manufactured home subject to local property taxation, and that is sement with the County Recorder or Assessor. The Change in Ownership of 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, it 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 preship of the real property or manufactured home, whichever is greater ble for the homeowners' exemption or twenty thousand dollars (\$20,000 illure to file was not willful. This penalty will be added to the assessment of be subject to the same penalties for nonpayment.		
۹.	TR	ANSFER INFORMATION (Check the appropriate boxes to indi	icate 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 solely between husband and wife, addition of a spouse, divorce settlement, etc.?		
2.		Land Sales Contract. A contract for the purchase of property 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 to the property?		
3.	Ш	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 traded or exchanged for other real property or tangible personal	16. Was this transaction the termination of a joint tenancy interest?		
5.		property. Merger or stock acquisition.	17. Was this transfer between family members or related businesses?		
6.		Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage	18. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?		
7.		transferred %. Foreclosure or trustee sale.	19. Was this document recorded to create, assign, or terminate a lender's interest in this property?		
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 transferor's spouse the sole present beneficiary?		
10.		Reconveyance (pay-off).	22. Does this property revert to the transferor in		
11.		Creation or assignment of a lease:	12 years or less? (Clifford Trust)		
12.		Termination of a lease:	If you answered no to 21 or 22, attach a copy of the trust agreement.		
		(date)	(Please complete the reverse side.)		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION (Complete each item as it applied)	ies to this transaction.)			
1.	Seller's name and address:				
2.	Field name: Lease name	9 :	Parcel number:		
3.	Date sales agreement or letter of intent signed:	Effective 1	transfer date:		
4.	Closing date: Recor	ding document: 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	in connection with the transaction: _			
7.	nterest acquired (please report decimal fractions out of total; e.g., 0.875 out of 1.000).				
	Revenue interest: Working interest:	- ,	erest owners & percentages:		
8.	Number of wells: Producing Injectio	n A <u>ll i</u> dle	Other		
		Total acres in the			
	Production rates at acquisition: Oil				
	Price received for oil and gas at acquisition: Oil	\$/b G			
	Oil gravity:API Gas:		e producing depth:ft		
	Proved reserves: Developed: Oil		s mcf		
10.	Undeveloped: Oil		s mcf		
14	Were appraisals, evaluations, cash flow projections or other a				
15. C.	most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price was determined. 15. 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 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, included and related equipment, separately. c. The allocation to your company books of the total acquisition price, by specific items. C. PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION Terms: Total purchase price:				
	Production and/or conventional loan(s):	Amount(s):	Interest rate(s):		
	Source(s) of financing (bank, seller, etc.):		' -		
D.	Purchase price allocated to: Fixed plant & equipment:		ble equipment build be called to the attention of the Assessor.)		
		CERTIFICATION			
Part Corp Other	including any accompanying statemer declaration is binding on each and er	nts or documents, is true, correct and c	California that the foregoing and all information hereon, complete to the best of my knowledge and belief. This		
NAM	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)		TITLE		
SIGN	IATURE 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		I		

