CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

12. Termination of a lease:



Peter Aldana Assessor-County Clerk-Recorder County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.asrclkrec.com/

BUYER/TRA	ANSFEREE	RECORDING DATA
		Date Recorded:
MAILING AD	DDRESS	Document Number:
	ANSFEROR	Assessor's Identification Number:
SELLER/IR	ANSFEROR	MB PG PCL
MAILING AD	DDRESS	Phone Numbers:
		Buyer: ()
FIELD	LEASE	Seller:
		Sec: Twp: Rng:
_	RTANT NOTICE	
		ty or manufactured home subject to local property taxation, and that is ement with the County Recorder or Assessor. The Change in Ownershi
		it recorded, within 90 days of the date of the change in ownership, excep
that whe	re the change in ownership has occurred by reason of death	the statement shall be filed within 150 days after the date of death or, i
		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
but not t	o exceed five thousand dollars (\$5,000) if the property is eligi	ble for the homeowners' exemption or twenty thousand dollars (\$20,000
if the pro	operty is not eligible for the homeowners' exemption if that fai 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. TRA	ANSPER 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/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 name(s) of persons or entities holding title?
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?
Ј. Ш		18. Was this document recorded to substitute a trustee
6.	Partial interest transfer. Was less than 100 percent of the	under a deed of trust, mortgage, or other similar
	property transferred? If yes, indicate the percentage	document?
	transferred %.	19. Was this document recorded to create, assign,
7	Foreclosure or trustee sale.	or terminate a lender's interest in this property?
·· 🖵		
8. 🗌	Gift.	20. Has this property been transferred to a trust? Yes Yes No. 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
·v. 🗀		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)

12 years or less? (Clifford Trust)	Yes

If you answered no to 21 or 22, attach a copy of the trust agreement.

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)

EF-502-G-R06-0516-33000107-2 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 letter of intent signed:		Effective transfer date:		
4.	Closing date:	Recording document: Numbe	r: 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 parcel:		
10.	Production rates at acquisition: Oil	b/d Gas	mcf/d Waterb/d		
11.	Price received for oil and gas at acquisition: O	11	\$/b_ Gas\$/mcf		
12.	Oil gravity: API Ga	as: btu/m	cf Average producing depth: ft		
	Proved reserves: Developed: Oil		bblGas mcf		
	1		bbl Gasmcf		
14.			t in establishing a purchase price?		
15. C.	 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. 				
	Source(s) of financing (bank, seller, etc.):				
D.	Purchase price allocated to: Fixed plant & equ REMARKS (<i>Please include below any addition</i>		Moveable equipment er which should be called to the attention of the Assessor.)		
		CERTIFICATION			
Prop Part	including any accompar poration declaration is binding		the State of California that the foregoing and all information hereon, correct and complete to the best of my knowledge and belief. This partner.		
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)		TITLE		
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT			DATE		
NAME OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUMBER		
PREPARER'S NAME AND ADDRESS (typed or printed) TITLE					
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS					

