CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

11. Creation or assignment of a lease:

12. Termination of a lease: _

File this statement by:



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

		RECORDING DATA
BUYER/IF	ANSFEREE	
MAILING	DDRESS	Date Recorded: Document Number:
		Assessor's Identification Number:
SELLER/T	RANSFEROR	MB PG PCL
MAILING	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 Ownership
Stateme	ent must be filed at the time of recording or, if the transfer is not	ot 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
		a penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the
taxes a	oplicable to the new base year value reflecting the change in ow	vnership of the real property or manufactured home, whichever is greater,
		ible for the homeowners' exemption or twenty thousand dollars (\$20,000)
	shall be collected like any other delinquent property taxes, and	ilure to file was not willful. This penalty will be added to the assessment to be subject to the same penalties for nonpayment.
		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
·. 🗆		or registered domestic partners, divorce settlement, Yes No
2. 🗆	Land Sales Contract. A contract for the purchase of property	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.	15. If you hold title to this property as a joint tenant,
	Relationship to deceased	is the seller or transferor also a joint tenant? \Box Yes \Box No
4.	Trade or evolution The above described property has been	16. Was this transaction the termination of a joint
4. 🗆	Trade or exchange. The above described property has been 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	under a deed of trust, mortgage, or other similar
	property transferred? If yes , indicate the percentage transferred%.	document?
_		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?
♥. □		If yes , is the trust: 🗌 Revocable 🔛 Irrevocable
9. 🗌	Life estate.	21. If the trust is irrevocable, is the transferor or the
10 🗆	Becomveryones (nov off)	transferor's spouse or registered domestic Yes No
10. 🗆	Reconveyance (pay-off).	partner the sole present beneficiary?

22.	Does this property revert to the transferor in		
	12 years or less? (Clifford Trust)		

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-R06-0516-33000058-2 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	ate sales agreement or letter of intent signed:		Effective transfer date:				
4.	Closing date:	Recording docum	ient: 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	parcel:				
10.	Production rates at acquisition:	Oilb/d Gas	s	mcf/d Waterb/d				
	Price received for oil and gas at a		\$/b G	Gas\$/mcf				
12.	Oil gravity:	API Gas:	btu/mcf Averag	e producing depth:ft				
	Proved reserves: Develope			as mcf				
	Undevelope		bbl Ga	asmcf				
14.				ning a purchase price?				
15.	 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. 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.	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: Cash to seller:							
				Interest rate(s):				
			(inouni(o).					
	Source(s) of financing (bank, seller, etc.):							
D.	Purchase price allocated to: Fixed plant & equipment: Moveable equipment REMARKS (<i>Please include below any additional information about the sale or transfer which should be called to the attention of the Assessor.</i>)							
		CERTIFIC	CATION					
Prop Part	nership including	(or declare) under penalty of perjury under	r the laws of the State of (nents, is true, correct and	California that the foregoing and all information hereon, complete to the best of my knowledge and belief. This				
	E OF ASSESSEE OR AUTHORIZED AGENT	(typed or printed)		TITLE				
SIGN	ATURE OF ASSESSEE OR AUTHORIZED A	GENT		DATE				
NAMI	E OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUMBER				
PREF	PARER'S NAME AND ADDRESS (typed or pri	inted)		TITLE				
DAYT	IME TELEPHONE NUMBER E-M	IAILADDRESS		1				

