## CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

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BUYER/TRANSFEREE	RECORDING DATA
	Date Recorded:
MAILING ADDRESS	Document Number:
	Assessor's Identification Number:
SELLER/TRANSFEROR	MB PG PCL
MAILING ADDRESS	Phone Numbers:
FIELD LEASE	Buyer: () Seller: ()
IMPORTANT NOTICE	Sec: Twp: Rng:
The law requires any transferee acquiring an interest in real property or manu assessed by the county assessor, to file a Change in Ownership Statement with	
Statement must be filed at the time of recording or, if the transfer is not recorded	
that where the change in ownership has occurred by reason of death the state	ment shall be filed within 150 days after the date of death or, i
the estate is probated, shall be filed at the time the inventory and appraisal is fil	ed. The failure to file a Change in Ownership Statement withir
90 days from the date of a written request by the Assessor results in a penalty o	of either: (1) one hundred d <mark>oll</mark> ars (\$100); or (2) 10 percent of the
taxes applicable to the new base year value reflecting the change in ownership of	f the real property or manufactured home, whichever, is greater

A. TRANSFER INFORMATION (Check the appropriate boxes to indicate the method by which you acquired an interest in the property.)

roll and shall be collected like any other delinquent property taxes, and be subject to the same penalties for nonpayment.

but not to exceed five thousand dollars (\$5,000) if the property is eligible for the homeowners' exemption or twenty thousand dollars (\$20,000) if the property is not eligible for the homeowners' exemption if that failure to file was not willful. This penalty will be added to the assessment

	(date)		agreement.			
12. 🗌	Termination of a lease:		If you answered no to 21 or 22, attach a copy of the trust			
11. 🗌	Creation or assignment of a lease:(date)	22.	Does this property revert to the transferor in 12 years or less? ( <i>Clifford Trust</i> )	🗌 Yes	🗌 No	
10. 🗌	Reconveyance (pay-off).		transferor's spouse or registered domestic partner the sole present beneficiary?	∐ Yes	∐ No	
9. 🗌	Life estate.	21.	If the trust is irrevocable, is the transferor or the		□	
8. 🗌	Gift.	20.	Has this property been transferred to a trust? If <b>yes</b> , is the trust: Revocable Irrevocable	🗌 Yes	🗌 No	
7. 🗌	Foreclosure or trustee sale.	19.	Was this document recorded to create, assign, or terminate a lender's interest in this property?	🗌 Yes	🗌 No	
6.	<b>Partial interest transfer.</b> Was less than 100 percent of the property transferred? If <b>yes</b> , indicate the percentage transferred%.	18.	Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	☐ Yes	🗌 No	
5. 🗌	property. Merger or stock acquisition.		Was this transfer between family members or related businesses?	🗌 Yes	🗌 No	
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?	🗌 Yes	🗌 No	
3. 🗌	Inheritance. Transfer by will or intestate succession. Date of death Relationship to deceased	15.	If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?	🗌 Yes	🗌 No	
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.	etc.? Was this transaction only a correction of the name(s) of persons or entities holding title?	□ Yes	🗌 No	
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	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

## EF-502-G-R06-0516-35000146-2 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:		E	ffective transfer date:	
4.	Closing date:	Recording docu	ment: Number:	Date:	
5.	Name, address and phone number of person wire relative to the transaction:	th purchasing firm who	is familiar with the	e transaction and would be available to	answer questions
6.	Name, address, and phone number of any cons	ultants used in connec	tion with the transa	action:	
7	Interest acquired (please report decimal fraction	s out of total: e.g. 0.87	75 out of 1 000)		
	Revenue interest: Working			rking interest owners & percentages: _	
8.	Number of wells: Producing			idle Other	
	Productive acres in the parcel:			s in the parcel:	
10.	Production rates at acquisition: Oil	b/d Ga	as	mcf/d Water	b/d
	Price received for oil and gas at acquisition: O Oil gravity:API G			\$/b_Gas Average producing depth:	\$/mcf
		a3.		bl Gas	
15.					mcf
14	Were appraisals, evaluations, cash flow projecti				
15.	<ul> <li>a. If yes, please enclose copies of those appramost relied upon in establishing the purchas</li> <li>b. If no, please explain in Section D how the purchase enclose a copy of the following:</li> <li>a. The sales agreement or contract including all</li> </ul>	e price. urchase price was deter	rmined.		
C.	<ul> <li>agreements.</li> <li>b. A complete listing of all assets acquired and wells and related equipment, separately.</li> <li>c. The allocation to your company books of the <b>PURCHASE PRICE OR TRANSFER AMOUNT</b> Terms: Total purchase price:</li> </ul>	total acquisition price,	by specific items.		n lease, including
	Production and/or conventional loan(s):				e(s):
	Source(s) of financing (bank, seller, etc.):				
D.	Purchase price allocated to: Fixed plant & equ REMARKS (Please include below any additional	ipment:		Moveable equipment hich should be called to the attention o	
		CERTIF	ICATION		
Part	including any accompar poration declaration is binding		iments, is true, corre	tate of California that the foregoing and a ect and complete to the best of my knowle ner.	
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)			TITLE	
SIGN	ATURE OF ASSESSEE OR AUTHORIZED AGENT			DATE	
NAME OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUI	MBER	
PREI	PARER'S NAME AND ADDRESS (typed or printed)			TITLE	
DAYT (	IME TELEPHONE NUMBER     E-MAIL ADDRESS			I	

