CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Josie Gonzales

Assessor-Recorder-County Clerk County of San Bernardino Assessor's Office 222 W. Hospitality Lane - 4th Floor San Bernardino, CA 92415-0311 www.sbcounty.gov/arc Phone: (909) 387-8307 Toll Free: (877) 885-7654

	RECORDING DATA
BUYER/TRANSFEREE	
MAILING ADDRESS	Date Recorded:
MAILING ADDRESS	Document Number:
SELLER/TRANSFEROR	Assessor's Identification Number:
SELLER/TRANSPEROR	MB PG PCL
MAILING ADDRESS	Phone Numbers:
FIELD	Buyer: () Seller: ()
IMPORTANT NOTICE	Sec: Twp: Rng:
assessed by the county assessor, to file a Change in Ownership State Statement must be filed at the time of recording or, if the transfer is no that where the change in ownership has occurred by reason of death the estate is probated, shall be filed at the time the inventory and appr 90 days from the date of a written request by the Assessor results in a taxes applicable to the new base year value reflecting the change in ow but not to exceed five thousand dollars (\$5,000) if the property is eligil if the property is not eligible for the homeowners' exemption if that fai roll and shall be collected like any other delinquent property taxes, an	
A. TRANSFER INFORMATION (Check the appropriate boxes to indi	cate the method by which you acquired an interest in the property.)
 Purchase (complete Sections B and C on the reverse side). Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes possession. 	13. Was this transfer/addition solely between spouses or registered domestic partners, divorce settlement, Yes No etc.?

- 3. Inheritance. Transfer by will or intestate succession. Date of death Relationship to deceased _
- 4. **Trade or exchange.** The above described property has been traded or exchanged for other real property or tangible personal property.
- 5. Merger or stock acquisition.
- 6. Derived Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage transferred _ _ %.
- 7. Foreclosure or trustee sale.
- 8. Gift.
- 9. Life estate.
- 10. Reconveyance (pay-off).

12. Termination of a lease:

11. Creation or assignment of a lease:

(date) (date)

14.	Was this transaction only a correction of the name(s) of persons or entities holding title?	🗌 Yes	🗌 No
15.	If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?	🗌 Yes	🗌 No
16.	Was this transaction the termination of a joint tenancy interest?	🗌 Yes	🗌 No
17.	Was <mark>this transfer b</mark> etween family members or related businesses?	🗌 Yes	🗌 No
18.	Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	□ Yes	🗌 No
19.	Was this document recorded to create, assign, or terminate a lender's interest in this property?	🗌 Yes	🗌 No
20.	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	🗌 Yes	🗌 No

- 21. If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic partner the sole present beneficiary?
- 22. Does this property revert to the transferor in 🗌 Yes 🗌 No 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

EF-502-G-R06-0516-36000100-2 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 lette	er of intent signed:		Effective transfer date:			
4.	Closing date:	Recording do	cument: 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	A	All idle Other			
9.	Productive acres in the parce	əl:	Total ac	pres in the parcel:			
10.	Production rates at acquisitio	pn: Oilb/d	Gas	mcf/d Waterb/d			
11.	Price received for oil and gas	at acquisition: Oil		\$/b_Gas\$/mcf			
12.	Oil gravity:	API Gas:	btu/mcf	f Average producing depth:ft			
		eloped: Oil					
	Undeve	eloped: Oil		_ bbl Gasmcf			
14.			s made to assist in	n establishing a purchase price? 🔲 Yes 🔲 No			
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. PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION Terms: Total purchase price: Production and/or conventional loan(s): Amount(s): Amount(s): 						
D.	Source(s) of financing (bank, seller, etc.):Purchase price allocated to: Fixed plant & equipment: Moveable equipment REMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of the Assessor.)						
		CERT	IFICATION				
Part	nership inclusion inclusico inclusico inclusico inclusico inclusico inclusico inclusio	rtify (or declare) under penalty of perjury u	nder the laws of the ocuments, is true, co	e State of California that the foregoing and all information hereon, orrect and complete to the best of my knowledge and belief. This artner.			
	E OF ASSESSEE OR AUTHORIZED AG	GENT (typed or printed)		TITLE			
SIGN	ATURE OF ASSESSEE OR AUTHORIZ	ZED AGENT		DATE			
NAME OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUMBER				
PREI	PARER'S NAME AND ADDRESS (typed	or printed)		TITLE			
DAY ⁻	TIME TELEPHONE NUMBER	E-MAIL ADDRESS					

