EF-502-G-R06-0516-36000095-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

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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

| BUYER/TRANSFEREE | | | | RECORDING DATA | | | | | |
|--|--|--|---------|---|----------------------|--|--|--|--|
| | | | | Date Recorded: | | | | | |
| MAIL | ING A | DDRESS | | Document Number: | | | | | |
| | | | | Assessor's Identification Number: | | | | | |
| SELL | .ER/TF | RANSFEROR | | MB PG | PCL | | | | |
| MAIL | ING A | DDRESS | | Phone Numbers: | | | | | |
| | | | | Buyer: () | | | | | |
| FIELI | D | LEASE | | Seller | | | | | |
| | | | | | ng: | | | | |
| | | RTANT NOTICE | | | | | | | |
| | The law requires any tran <mark>sfe</mark> ree acquiring an i <mark>nte</mark> rest in real property or manufac <mark>tur</mark> ed home subject to local property taxation, and that is assessed by the county assessor, to file a Change in Ownership Statement with the County Recorder or Assessor. The Change in Ownership | | | | | | | | |
| | | | | | | | | | |
| | Statement must be filed at the time of recording or, if the transfer is not recorded, within 90 days of the date of the change in ownership, except that where the change in ownership has occurred by reason of death the statement shall be filed within 150 days after the date of death or, if | | | | | | | | |
| the estate is probated, shall be filed at the time the inventory and appraisal is filed. The failure to file a Change in Ownership Statement within | | | | | | | | | |
| | | from the date of a written request by the Assessor results in a | | | | | | | |
| taxes applicable to the new base year value reflecting the <mark>chan</mark> ge in ownership of the real property or manufactured home, whichever is greater, 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 th | e pr | operty is not eligible for the hom <mark>eowners' e</mark> xemption <mark>if</mark> that fai | lure to | file was not willful. This penalty will be added to | | | | | |
| roll | and | shall be collected like any other delinquent property taxes, and | d be s | ubject to the s <mark>am</mark> e penalties for nonpayment. | | | | | |
| A. | TR | ANSFER INFORMATION (Check the appropriate boxes to indic | cate th | ne 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. | Ш | Land Sales Contract. A contract for the purchase of property 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? | ☐ Yes ☐ No | | | | |
| 3. | Ш | Inheritance. Transfer by will or intestate succession. | 15. | If you hold title to this property as a joint tenant, | | | | | |
| | | Date of death | | is the seller or transferor also a joint tenant? | ☐ Yes ☐ No | | | | |
| | _ | | 16 | Was this transaction the termination of a joint | | | | | |
| 4. | Ш | Trade or exchange. The above described property has been | 10. | tenancy interest? | ☐ Yes ☐ No | | | | |
| | | traded or exchanged for other real property or tangible personal property. | 47 | | | | | | |
| | _ | property. | 17. | Was this transfer between family members or related businesses? | ☐ Yes ☐ No | | | | |
| 5. | Ш | Merger or stock acquisition. | | | □ res □ no | | | | |
| C | | Double Linterport transfer Was loss than 400 assessment of the | 18. | Was this document recorded to substitute a trustee | | | | | |
| 6. | Ш | Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage | | under a deed of trust, mortgage, or other similar document? | Yes No | | | | |
| | | transferred%. | | | □ 103 □ 1 1 0 | | | | |
| _ | | | 19. | Was this document recorded to create, assign, | □ Vaa □ N= | | | | |
| 7. | Ш | Foreclosure or trustee sale. | | or terminate a lender's interest in this property? | ☐ Yes ☐ No | | | | |
| 8. | | Gift. | 20. | Has this property been transferred to a trust? | ☐ Yes ☐ No | | | | |
| | | | | If yes , is the trust: Revocable Irrevocable | | | | | |
| 9. | | Life estate. | 21. | If the trust is irrevocable, is the transferor or the | | | | | |
| 4.0 | | D (D | | transferor's spouse or registered domestic | ☐ Yes ☐ No | | | | |
| 10. | Ш | Reconveyance (pay-off). | | partner the sole present beneficiary? | | | | | |
| 11. | | Creation or assignment of a lease: | 22. | Does this property revert to the transferor in | | | | | |
| 11. | Ш | (date) | | 12 years or less? (Clifford Trust) | ☐ Yes ☐ No | | | | |
| 12. | | Termination of a lease: | | If you answered no to 21 or 22, attach a copy of t | the trust | | | | |
| | _ | (date) | | agreement. | แนงเ | | | | |

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



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| В. | PROPERTY INFORMATION (Complete each item as it applies to this transaction.) | | | | | | |
|------------|---|--|---|--|--|--|--|
| 1. | Seller's name and address: | | | | | | |
| 2. | Field name: Lease nam | Parcel number: | | | | | |
| 3. | Date sales agreement or letter of intent signed: | Effective tra | nsfer date: | | | | |
| 4. | Closing date: Reco | 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 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: | | est owners & percentages: | | | | |
| 8. | Number of wells: Producing Injection | on All idle | Other | | | | |
| | | Total acres in the pa | rcel: | | | | |
| | Production rates at acquisition: Oil | | | | | | |
| | Price received for oil and gas at acquisition: Oil | \$/b Gas | | | | | |
| | Oil gravity: API Gas: | btu/mcf Average p | reducing depth: | | | | |
| | Proved reserves: Developed: Oil | bbl Gas_ | mcf | | | | |
| | Undeveloped: Oil | | mcf | | | | |
| 14. | Were appraisals, evaluations, cash flow projections or other | | | | | | |
| | a. If yes, please enclose copies of those appraisals, evalua most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price. | tions, cash flow projections or analyses | | | | | |
| 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 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 acquising PURCHASE PRICE OR TRANSFER AMOUNT INFORMAT | | | | | | |
| C. | Terms: Total purchase price: | | | | | | |
| | | | | | | | |
| | Production and/or conventional loan(s): | | Interest rate(s): | | | | |
| | Source(s) of financing (bank, seller, etc.): | | | | | | |
| D. | Purchase price allocated to: Fixed plant & equipment: Moveable 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.) | | | | | | |
| | | | | | | | |
| | | CERTIFICATION | | | | | |
| Par Cor | SHELOISHID - | nts or documents, is true, correct and con | fornia that the foregoing and all information hereon, nplete to the best of my knowledge and belief. This | | | | |
| _ | E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed) | TITLE | | | | | |
| SIGN | IATURE OF ASSESSEE OR AUTHORIZED AGENT | DATE | | | | | |
| NIAL | C OF CALITY (4-year as a vistary) | EEDEDAL EMDLOVED IS NUMBER | | | | | |
| NAIV | 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 | | | | | | |
| / | E-WAIL ADDRESS | | | | | | |

