CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

12. Termination of a lease: _



Joaquin Torres Assessor-Recorder Office of the Assessor-Recorder 1 Dr. Carlton B. Goodlett Place - Room 190 San Francisco, CA 94102 www.sfassessor.org (415) 554-5596

BUYER/T	RANSFEREE	RECORDING DATA
		Date Recorded:
MAILING	ADDRESS	Document Number:
	TRANSFEROR	Assessor's Identification Number:
SELLER/	RANSFEROR	MB PG PCL
MAILING	ADDRESS	Phone Numbers:
		Buyer: ()
FIELD	LEASE	Seller
		Sec: Twp: Rng:
IMPC	ORTANT NOTICE	Sec Twp Ring
		ty or manufactured home subject to local property taxation, and that is
		ement with the County Recorder or Assessor. The Change in Ownership ot recorded, within 90 days of the date of the change in ownership, except
		h the statement shall be filed within 150 days after the date of death or, if
		praisal is filed. The failure to file a Change in Ownership Statement within
90 days	s from the date of a written request by the Assessor results in a	a penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the whership of the real property or manufactured home, whichever is greater,
		ible for the homeowners' exemption or twenty thousand dollars (\$20,000)
if the p	roperty is not eligible for the homeowners' exemption if that fai	ailure to file was not willful. This penalty will be added to the assessment
	d shall be collected like any other delinquent property taxes, an	
A. TF	RANSFER INFORMATION (Check the appropriate boxes to indic	licate 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,
2.	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?
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?
_		16. Was this transaction the termination of a joint
4. 🗆	Trade or exchange. The above described property has been	tenancy interest?
	traded or exchanged for other real property or tangible personal property.	17. Was this transfer between family members or
_		related businesses?
5. 🗆	Merger or stock acquisition.	
6.	Partial interest transfer. Was less than 100 percent of the	18. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar
0.	property transferred? If yes , indicate the percentage	document?
	transferred %.	
	L _	19. Was this document recorded to create, assign, or terminate a lender's interest in this property?
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?
J. L		If yes , is the trust: Revocable
9.	Life estate.	21. If the trust is irrevocable, is the transferor or the
		transferor's spouse or registered domestic \Box Yes \Box No
10. 🗆	Reconveyance (pay-off).	partner the sole present beneficiary?
	Creation on explorement of a larger	22. Does this property revert to the transferor in
11. 🗆	Creation or assignment of a lease:	

22. Does this property revert to the transferor in	
12 years or less? (Clifford Trust)	🗌 Yes 🗌 No

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-R06-0516-38000153-2 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 let	ter of intent signed:	Ef	ffective transfer date:					
4.	Closing date:	Recording doc	ument: 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.		port decimal fractions out of total; e.g., 0.8		rking interest owners & percentages:					
8.	Number of wells: Producin	g Injection	All	idle Other					
9.	Productive acres in the parc	el:	Total acres	s in the parcel:					
10.	Production rates at acquisiti	on: Oilb/d O	Gas	mcf/d Water	b/d				
	Price received for oil and ga			\$/b_ Gas	S/mcf				
12.	Oil gravity:	API Gas:	btu/mcf	Average producing depth:	ft				
	Proved reserves: Dev			bl Gas	mcf				
		eloped: Oil	bt	bl Gas	mcf				
14.				stablishing 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. 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: Cash to seller:								
		x, seller, etc.):							
D.	Purchase price allocated to:	Fixed plant & equipment:		Moveable equipment					
		CERTI	FICATION						
Part	nership inc poration de		cuments, is true, corre	tate of California that the foregoing and all information ect and complete to the best of my knowledge and bei ner.					
NAM	E OF ASSESSEE OR AUTHORIZED A	GENT (typed or printed)		TITLE					
SIGN	ATURE OF ASSESSEE OR AUTHORI	ZED AGENT		DATE					
NAME OF ENTITY (typed or printed)				FEDERAL EMPLOYER ID NUMBER					
PREI	PARER'S NAME AND ADDRESS (type	d or printed)		TITLE					
DAY1 (IME TELEPHONE NUMBER	E-MAIL ADDRESS							

