EF-502-G-R06-0516-39000150-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

San Joaquin County 44 N San Joaquin Street Suite 230 Stockton, CA 95202-3273 Telephone (209) 468-2658

www.sjgov.org/assessor_recorder

Assessor-Recorder-County Clerk

Steve J. Bestolarides

File this statement by:

BUYER/TRANSFEREE	RECORDING DATA
MAILING ADDRESS	Date Recorded:
WALLING ADDITION	Document Number:
SELLER/TRANSFEROR	— Assessor's Identification Number: MB PG PCL
	Phone Numbers:
MAILING ADDRESS	
FIELD	Buyer:
	Seller:
IMPORTANT NOTICE	Sec: Twp: Rng:
The law requires any transferee acquiring an interest in real propert	y 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 State	ement with the County Recorder or Assessor. The Change in Ownership
	t 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
	penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the
	mership of the rea <mark>l proper</mark> ty or manu <mark>fac</mark> tured home, whichever is greater, ble for the homeowners' exemption or twenty thousand dollars (\$20,000)
if the property is not eligible for the homeowners' exemption if that fa	<mark>ilu</mark> re t <mark>o file was not willf</mark> ul. This pe <mark>na</mark> lty will be add <mark>e</mark> d to the assessment
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.)
1. Purchase (complete Sections B and C on the reverse side).	13. Was this transfer/addition solely between spouses
2. Land Sales Contract. A contract for the purchase of property	or registered domestic partners, divorce settlement,
in which the seller retains legal title to it after the buyer takes	etc.?
possession.	14. Was this transaction only a correction of the
3. Inheritance. Transfer by will or intestate succession.	······································
Date of death	15. If you hold title to this property as a joint tenant,
Relationship to deceased	is the seller or transferor also a joint tenant?
4. Trade or exchange. The above described property has been	16. Was this transaction the termination of a joint
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 property transferred? If yes, indicate the percentage	under a deed of trust, mortgage, or other similar document?
transferred%.	
- D	19. Was this document recorded to create, assign, or terminate a lender's interest in this property? ☐ Yes ☐ No
7. L Foreclosure or trustee sale.	
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. Reconveyance (pay-off).	transferor's spouse or registered domestic
10. Reconveyance (pay-off).	partner the sole present beneficiary?
11. Creation or assignment of a lease:	22. Does this property revert to the transferor in
(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 the trust

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

agreement.

(date)



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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:	Effective transfer date:		
4.	Closing date: F	ecording 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 question relative to the transaction:			
6.	Name, address, and phone number of any consultants of	sed in connection with the transaction:		
7.	Interest acquired (please report decimal fractions out of	otal: e.g., 0.875 out of 1.000).		
		: Other working interest owners & percentag	jes:	
8	Number of wells: Producing In	ection All idle Other	r	
		Total acres in the parcel:	A	
	Production rates at acquisition: Oil	b/d Gasmcf/d Water	b/d	
	Price received for oil and gas at acquisition: Oil	\$/b Gas	\$/mcf	
	Oil gravity:API Gas:			
	Proved reserves: Developed: Oil			
	Undeveloped: Oil			
14.		her analyses made to assist in establishing a purchase price?		
		aluations, cash flow projections or analyses. Please identify the an		
15.	Please enclose a copy of the following:			
		and amendments thereto, as well as other related agreements or	contracts, such as loan	
	 A complete listing of all assets acquired and liabilities wells and related equipment, separately. 	assumed in the acquisition, if not included in item 15a. Please list	t each lease, including	
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:		
	Production and/or conventional loan(s):	Amount(s): Intere	est rate(s):	
	Source(s) of financing (bank, seller, etc.):			
D.	Purchase price allocated to: Fixed plant & equipment: REMARKS (Please include below any additional inform	Moveable equipment nation about the sale or transfer which should be called to the attent	tion of the Assessor.)	
		CERTIFICATION		
Part	including any accompanying state of the poration including any accompanying state of the poration is binding on each	y of perjury under the laws of the State of California that the foregoing a ements or documents, is true, correct and complete to the best of my k and every co-owner and/or partner.		
NAM	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	TITLE		
SIGN	IATURE OF ASSESSEE OR AUTHORIZED AGENT	DATE		
NIAAA	E OE ENTITY (hand or printed)	FEDERAL EVISLOVES	ID NI IMPED	
INAIVI	E 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			

