EF-502-G-R06-0516-41000059-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

MARK CHURCH Assessor - County Clerk - Recorder

555 County Center, First Floor Redwood City, CA 94063-1665 Phone: (650) 363-4500 Fax: (650) 363-1903

email: assessor@smcacre.gov web: www.smcacre.gov

BUYF	R/TR	ANSFEREE		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)	LEASE		Seller:	
IM	PO	RTANT NOTICE		Sec: Twp: Rr	ng:
The	law	requires any transferee acquiring an interest in real property			
		d by the county assessor, to file a Change in Ownership State nt must be filed at the time of recording or, if the transfer is not			
		ere the change in ownership has occurred by reason of death			
the	esta	te is probated, shall be filed at the time the inventory and appr	aisal i	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			
		plicable to the new base year value reflecting the change in ow			
		to exceed five thousand dollars (\$5,000) if the property is eligib operty is not eligible for the homeowners' exemption if that fai			
		shall be collected like any other delinquent property taxes, and			the assessmen
		ANSFER INFORMATION (Check the appropriate boxes to indic			property.)
1.		Purchase (complete Sections B and C on the reverse side).	13.	Was this transfer/addition solely between spouses	
2.	П	Land Sales Contract. A contract for the purchase of property		or registered domestic partners, divorce settlement,	☐ Yes ☐ No
۷.		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 entatestate everyonism		name(s) of persons or entities holding title?	☐ Yes ☐ No
٥.	Ш	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?	☐ Yes ☐ No
4.	П	Trade or exchange. The above described property has been	16.	Was th <mark>is transaction</mark> the termination of a joint	
4.	ш	traded or exchanged for other real property or tangible personal		tenancy interest?	☐ Yes ☐ No
		property.	17.	Was this transfer between family members or	
5.		Merger or stock acquisition.		related businesses?	☐ Yes ☐ No
٥.	ш	werger or stock acquisition.	18	Was this document recorded to substitute a trustee	
6.		Partial interest transfer. Was less than 100 percent of the		under a deed of trust, mortgage, or other similar	
		property transferred? If yes, indicate the percentage		document?	☐ Yes ☐ No
		transferred %.	19.	Was this document recorded to create, assign,	
7.		Foreclosure or trustee sale.		or terminate a lender's interest in this property?	☐ Yes ☐ No
	_		20	Has this property been transferred to a trust?	☐ Yes ☐ No
8.	Ш	Gift.	20.	If yes , is the trust: Revocable Irrevocable	
9.		Life estate.	21	If the trust is irrevocable, is the transferor or the	
ð.		LIIE ESLALE.	۷۱.	transferor's spouse or registered domestic	☐ Yes ☐ No
10.		Reconveyance (pay-off).		partner the sole present beneficiary?	103 100
		· · · ·			
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 conv of	the truet

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

agreement.



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В.	PROPERTY INFORMATION (Complete each item as it appl	lies to this transaction.)			
1.	Seller's name and address:				
2.	Field name: Lease name	e: Parcel number:			
3.	Date sales agreement or letter of intent signed:	Effective transfer date:			
4.	Closing date: Recor	rding document: Number: Date:			
5.	Name, address and phone number of person with purchasing relative to the transaction:	g firm who is familiar with the transaction and would be available to answer	questions		
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 Injectio	on All idle Other			
9.	Productive acres in the parcel:	Total acres in the parcel:			
10.	Production rates at acquisition: Oil		b/d		
	Price received for oil and gas at acquisition: Oil	\$/b Gas	\$/mcf		
	Oil gravity:API Gas:		ft		
	Proved reserves: Developed: Oil	bbl Gas	mcf		
	Undeveloped: Oil —		mcf		
14.		analyses made to assist in establishing a purchase price?			
15. C .	most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price. Please enclose a copy of the following: a. The sales agreement or contract including all exhibits and agreements. b. A complete listing of all assets acquired and liabilities ass wells and related equipment, separately. c. The allocation to your company books of the total acquisite purchase price or transfer amount information. Terms: Total purchase price:	d amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such as the second of the s	ich as Ioan		
	. ,	Amount(s): Interest rate(s):			
	Source(s) of financing (bank, seller, etc.):				
D.	Purchase price allocated to: Fixed plant & equipment:	ted to: Fixed plant & equipment: Moveable equipment Moveable equipment clude below any additional information about the sale or transfer which should be called to the attention of the Assessor.)			
		CERTIFICATION			
Pari Cor Oth	nership including any accompanying statement declaration is binding on each and er				
NAM	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	TITLE			
SIGN	ATURE OF ASSESSEE OR AUTHORIZED AGENT	DATE			
NAM	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				

