EF-502-G-R06-0516-43000132-1 BOE-502-G (P1) REV. 6 (05-16)

## **CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY**

File this statement by:



## Lawrence E. Stone **Santa Clara County Assessor**

Exemption Division 70 W. Hedding St, East Wing, 5th Floor San Jose, CA 95110 Ph: (408) 299-6460 FAX: (408) 271-8812 exemptions@asr.sccgov.orgwww.sccassessor.org

BUYER/TRANSFEREE	RECORDING DATA	
	Date Recorded:	
MAILING ADDRESS	Document Number:	
	Assessor's Identification Number:	
SELLER/TRANSFEROR	MB PG	PCL
	Phone Numbers:	I OL
MAILING ADDRESS	Phone Numbers:	
	Buyer: ( )	
FIELD	Seller:	
		ng:
IMPORTANT NOTICE		
The law requires any transferee acquiring an interest in real propert	ty or manufactured home subject to local property tax	ation, and that is
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 app		
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 over the state of the state		
but not to exceed five thousand dollars (\$5,000) if the property is eligi if the property is not eligible for the homeowners' exemption if that fa		
roll and shall be collected like any other delinquent property taxes, ar		J tile assessifierit
A. TRANSFER INFORMATION (Check the appropriate boxes to ind.	icate the method by which you acquired an interest in the	e property.)
		, , , , ,
1. L Purchase (complete Sections B and C on the reverse side).	<ol> <li>Was this transfer/addition solely between spouses or registered domestic partners, divorce settlement,</li> </ol>	☐ Yes ☐ No
2. Land Sales Contract. A contract for the purchase of property	etc.?	□ les □ lvo
in which the seller retai <mark>ns</mark> legal title to it after the buyer takes		
possession.	14. Was this transaction only a correction of the	☐ Yes ☐ No
3. Inheritance. Transfer by will or intestate succession.	name(s) of persons or entities holding title?	□ res □ no
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
	16. Was this transaction the termination of a joint	
4. Trade or exchange. The above described property has been	tenancy interest?	☐ Yes ☐ No
traded or exchanged for other real property or tangible personal property.		
property.	17. Was this transfer between family members or related businesses?	□ Vaa □ Na
5. Merger or stock acquisition.	related businesses?	☐ Yes ☐ No
	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 <b>yes</b> , 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 proporty been transferred to a trust?	☐ Yes ☐ No
8. Gift.	20. Has this property been transferred to a trust?  If <b>yes</b> , is the trust: Revocable Irrevocable	
	·	
9. Life estate.	21. If the trust is irrevocable, is the transferor or the	
40 T = 4 M	transferor's spouse or registered domestic	☐ Yes ☐ No
10. Reconveyance (pay-off).	partner the sole present beneficiary?	
🗆	22. Does this property revert to the transferor in	
11. Creation or assignment of a lease:	12 years or less? (Clifford Trust)	☐ Yes ☐ No
(date)	iz vegia ul leaa: Tullilulu IIUali	1C3 1NO

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

agreement.

If you answered no to 21 or 22, attach a copy of the trust



12. Termination of a lease:

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. <b>C</b> .	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:	equipment: Moveable equipment ional 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				

