EF-502-G-R06-0516-44000141-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

County of Santa Cruz Assessor 701 Ocean Street, Rm. 130

Santa Cruz, CA 95060 Phone: 831-454-2002

Sheri Thomas

Email: asrwebmail@co.santa-cruz.ca.us

File this statement by:

BUYER/TRANSFEREE			RECORDING DATA	ı.
			Date Recorded:	
MAILING	ADDRESS		Document Number:	
			Assessor's Identification Number:	
SELLER/I	FRANSFEROR		MB PG	PCL
MAILING	ADDRESS		Phone Numbers:	
			Buyer: ()	
FIELD	LEASE			
			Seller:	
IMPO	ORTANT NOTICE		Sec: Twp:F	Rng:
The lav	v requires any transferee acquiring an interest in real proper			
	ed by the county assessor, to file a Change in Ownership Stat			
	ent must be filed at the time of recording or, if the transfer is no nere the change in ownership has occurred by reason of deatl			
the est	ate is probated, shall be filed at the time the inventory and app	oraisal i	s filed. The failure to file a Change in Ownership	Statement within
	s from the date of a written request by the Assessor results in			
	pplicable to the ne <mark>w b</mark> ase year value r <mark>eflecti</mark> ng the <mark>chan</mark> ge in ov to exceed five thousand dollars (\$5,000) if the property is elig			
if the p	roperty is not eligible for the hom <mark>eowners' e</mark> xemption if that fa	a <mark>ilu</mark> re to	file was not wi <mark>llf</mark> ul. This pe <mark>na</mark> lty will be add <mark>e</mark> d	
roll and	d shall be collect <mark>ed like any other d</mark> elinque <mark>nt prope</mark> rty <mark>taxes</mark> , a	nd be s	ubject to the same penalties for nonpayment.	
A. TF	RANSFER INFORMATION (Check the appropriate boxes to inc	dicate th	ne method by <mark>which you a</mark> cquired an interes <mark>t</mark> in th	ne 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	, ∐ Yes ∐ No
	in which the seller retains legal title to it after the buyer takes		etc.?	
	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?	☐ Yes ☐ No
v. <u> </u>	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.	Trade or exchange. The above described property has been	16.	Was this transaction the termination of a joint	
٠. ـ	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
v. <u> </u>	, morgan or occur acquirement	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
	l	20.	Has this property been transferred to a trust?	☐ Yes ☐ No
8. 🗀	Gift.		If yes , is the trust: Revocable Irrevocable	Э
9.	Life estate.	21	If the trust is irrevocable, is the transferor or the	
J		۷	transferor's spouse or registered domestic	☐ Yes ☐ No
10.	Reconveyance (pay-off).		partner the sole present beneficiary?	
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11.	Creation or assignment of a lease:	22.	Does this property revert to the transferor in	☐ Yes ☐ No
	(date)		12 years or less? (Clifford Trust)	∟ res ∟ No
12. 🗀	Termination of a lease:	,	If you answered no to 21 or 22, attach a copy of	f the trust
	(date)		agreement.	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



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 .	 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 loa 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: 					
	. ,	Amount(s): Interest rate(s):				
	Source(s) of financing (bank, seller, etc.):					
D.	Purchase price allocated to: Fixed plant & equipment:	Moveable equipmentabout the sale or transfer which should be called to the attention of the Ass				
		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					

