## CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

11. Creation or assignment of a lease:

12. Termination of a lease: \_

File this statement by:



## Kathy Scriven Sutter County Assessor 1160 Civic Center Blvd., Suite D Yuba City, CA 95993 Phone Number: (530) 822-7160 Fax Number: (530) 822-7198 Email: assessor@co.sutter.ca.us

BUYER/T	RANSFEREE	RECORDING DATA			
		Date Recorded:			
MAILING	ADDRESS	Document Number:			
		Assessor's Identification Number:			
SELLER/1	TRANSFEROR	MB PG PCL			
MAILING	ADDRESS	Phone Numbers:			
		Buyer: ()			
FIELD	LEASE	Seller:			
IMDC		Sec: Twp: Rng:			
-		ty or manufactured home subject to local property taxation, and that			
the esta 90 days taxes a but not if the p	ate is probated, shall be filed at the time the inventory and appr s from the date of a written request by the Assessor results in a pplicable to the new base year value reflecting the change in ow t to exceed five thousand dollars (\$5,000) if the property is eligi	the statement shall be filed within 150 days after the date of death or, 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 real property or manufactured home, whichever is greated ble for the homeowners' exemption or twenty thousand dollars (\$20,000 ilure to file was not willful. This penalty will be added to the assessment of be subject to the same penalties for nonpayment.			
		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 solely between husband and wife, addition of a spouse, divorce settlement, etc.? Yes N			
2.	Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes possession.	14. Was this transaction only a correction of the name(s) of persons or entities holding title to the property?			
3.	Inheritance. Transfer by will or intestate succession. Date of death Relationship to deceased	15. If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?			
4.	Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal	16. Was this transaction the termination of a joint tenancy interest?			
5.	property. Merger or stock acquisition.	17. Was this transfer between family members or related businesses?			
6.	<b>Partial interest transfer.</b> Was less than 100 percent of the property transferred? If <b>yes</b> , indicate the percentage	18. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?			
7.	transferred %. Foreclosure or trustee sale.	19. Was this document recorded to create, assign, or terminate a lender's interest in this property? □ Yes □ N			
8.	Gift.	20. Has this property been transferred to a trust? Yes			
9.	Life estate.	21. If the trust is irrevocable, is the transferor or the transferor's spouse the sole present beneficiary? □ Yes □ N			
10.	Reconveyance (pay-off).	22 Does this property revert to the transferor in			

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.

(Please complete the reverse side.)

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)

## EF-502-G-R05-1111-51000391-2 BOE-502-G (P2) REV. 5 (11-11)

В.	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 lette	Date sales agreement or letter of intent signed: Effective transfer date:						
4.	Closing date:	Recording docun	nent: 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.	Interest acquired (please report decimal fractions out of total; e.g., 0.875 out of 1.000).							
	Revenue interest:							
8.	Number of wells: Producing	Injection	All idle					
	Productive acres in the parce		Total acres in the parcel:					
10.	Production rates at acquisitio		smcf/d Wate	rb/d				
	Price received for oil and gas		\$/b_ Gas					
12.	Oil gravity:	API Gas:	btu/mcf Average producing depth	ft ft				
	Proved reserves: Deve		bbl Gas	mcf				
	Undeve	eloped: Oil	bbl Gas	mcf				
14.	Were appraisals, evaluations	, cash flow projec <mark>tio</mark> ns or other analyses m	ade to assist in establishing a purchase pr	ice? 🗌 Yes 🗌 No				
		pies of those appraisals, evaluations, cash lishing the purchase price.	flow projections or analyses. Please identi	iy the analysis or appraisal				
	b. If <b>no</b> , please explain in Se	ection D how the purchase price was deter	nined.					
15.	Please enclose a copy of the	following:						
<ul> <li>a. The sales agreement or contract including all exhibits and amendments thereto, as well as other related agreements or contract agreements.</li> </ul>								
	b. A complete listing of all assets acquired and liabilities assumed in the acquisition, if not included in item 15a. Please list each lease, includi wells and related equipment, separately.							
~	· · · · ·	npany books of the total acquisition price, b	by specific items.					
C.		ANSFER AMOUNT INFORMATION						
		nal loan(s):						
		seller, etc.):						
_		urchase price allocated to: Fixed plant & equipment: Moveable equipment						
D.	<b>REMARKS</b> (Please include b	pelow any addition <mark>al</mark> information about the	sale or transfer which should be called to the	ie attention of the Assessor.)				
		CERTIFI	CATION					
	OWNERSHIP TYPE prietorship	rtify (or declare) under penalty of perjury unde	er the laws of the State of California that the fo	regoing and all information hereon,				
Part	nership 🗌 incl	uding any accompanying statements or docur	· · ·	st of my knowledge and belief. <b>This</b>				
Othe		claration is binding on each and every co-o	wner and/or partner.					
	E OF ASSESSEE OR AUTHORIZED AG	GENT (typed or printed)	TITLE					
SIGN	IATURE OF ASSESSEE OR AUTHORIZ	ED AGENT	DATE					
NAM	E OF ENTITY (typed or printed)	FEDERAL EI	MPLOYER ID NUMBER					
PREPARER'S NAME AND ADDRESS (typed or printed) TITLE								
DAY	TIME TELEPHONE NUMBER	E-MAIL ADDRESS						
(	)							
		*						

