CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

12. Termination of a lease: _



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/TRANSFEREE	RECORDING DATA
	Date Recorded:
MAILING ADDRESS	Document Number:
	Assessor's Identification Number:
SELLER/TRANSFEROR	MB PG PCL
	Phone Numbers:
MAILING ADDRESS	()
FIELD	Buyer:
	Seller:
	Sec: Twp:Rng:
IMPORTANT NOTICE	rty or manufactured home subject to local property taxation, and that
	tement with the County Recorder or Assessor. The Change in Ownersh
Statement must be filed at the time of recording or, if the transfer is no	ot recorded, within 90 days of the date of the change in ownership, exce
	h the statement shall be filed within 150 days after the date of death or
	praisal is filed. The failure to file a Change in Ownership Statement with
	a penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of t wnership of the real property or manufactured home, whichever is great
	ible for the homeowners' exemption or twenty thousand dollars (\$20,00
	a <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 assessme
roll and shall be collected like any other delinquent property taxes, a	a di anti anti anti anti anti anti anti ant
A. TRANSFER INFORMATION (Check the appropriate boxes to ind	licate the method by which you acquired an interest in the property.)
1. D Purchase (complete Sections B and C on the reverse side).	13. Was this transfer/addition solely between spouses
	or registered domestic partners, divorce settlement, 🗌 Yes 🗌 N
2. Land Sales Contract. A contract for the purchase of property	etc.?
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?
3. Inheritance. Transfer by will or intestate succession.	15. If you hold title to this property as a joint tenant,
Date of death	is the seller or transferor also a joint tenant?
Relationship to deceased	
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 <mark>or</mark> tangible <mark>pe</mark> rson <mark>al</mark>	tenancy interest?
property.	17. Was this transfer between family members or
5. D Merger or stock acquisition.	related businesses?
	18. Was this document recorded to substitute a trustee
6. Derived 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?
transferred%.	19. Was this document recorded to create, assign,
7. Foreclosure or trustee sale.	or terminate a lender's interest in this property?
	· · · · · · · · · · · · · · · · · · ·
8. 🗌 Gift.	20. Has this property been transferred to a trust?
	If yes , is the trust: Revocable
9. 🗌 Life estate.	21. If the trust is irrevocable, is the transferor or the
	transferor's spouse or registered domestic \Box Yes \Box M
10. Carl Reconveyance (pay-off).	partner the sole present beneficiary?
	22. Deep this property rewart to the transferer in
11. Creation or assignment of a lease:	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.

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)

EF-502-G-R06-0516-51000279-2 BOE-502-G (P2) REV. 6 (05-16)

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 let	ter of intent signed:	Ef	ffective transfer date:				
4.	Closing date:	Recording doc	ument: Number:	Date:				
5.		number of person with purchasing firm wh		e transaction and would be available to answer que	stions			
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: Producin	g Injection	All	idle Other				
9.	Productive acres in the parc	el:	Total acres	s in the parcel:				
10.	Production rates at acquisiti	on: Oilb/d O	Gas	mcf/d Water	b/d			
	Price received for oil and ga			\$/b_ Gas	S/mcf			
12.	Oil gravity:	API Gas:	btu/mcf	Average producing depth:	ft			
	Proved reserves: Dev			bl Gas	mcf			
		eloped: Oil	bt	bl Gas	mcf			
14.				stablishing a purchase price? Yes No				
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. 5. 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 loan 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: Interest rate(s):							
		x, seller, etc.):						
D.	Purchase price allocated to:	Fixed plant & equipment:		Moveable equipment				
		CERTI	FICATION					
Part	nership inc poration de		cuments, is true, corre	tate of California that the foregoing and all information ect and complete to the best of my knowledge and bei ner.				
NAM	E OF ASSESSEE OR AUTHORIZED A	GENT (typed or printed)		TITLE				
SIGN	ATURE OF ASSESSEE OR AUTHORI	ZED AGENT		DATE				
NAM	E OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUMBER				
PREI	PARER'S NAME AND ADDRESS (type	d or printed)		TITLE				
DAY1 (IME TELEPHONE NUMBER	E-MAIL ADDRESS						

