CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Kenneth L. Brown County of Tehama Assessor 444 Oak Street - Room B P. O. Box 428 Red Bluff, CA 96080 (530) 527-5931 Fax (530) 529-4019

🗌 Yes 🗌 No

Yes No

🗌 Yes 🗌 No

BUYER/TF	RANSFEREE	RECORDING DATA	
		Date Recorded:	
MAILING A	ADDRESS	Document Number:	
		Assessor's Identification Number:	
SELLER/T	RANSFEROR	MB PG	PCL
		Phone Numbers:	-
MAILING A	ADDRESS		
FIELD		Buyer: () Seller: Twp: Rn	ng:
assesso Statemo that wh the esta 90 days taxes a but not if the pr	v requires any transferee acquiring an interest in real property ed by the county assessor, to file a Change in Ownership State ent must be filed at the time of recording or, if the transfer is no ere the change in ownership has occurred by reason of death 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 to exceed five thousand dollars (\$5,000) if the property is eligil roperty is not eligible for the homeowners' exemption if that fai I shall be collected like any other delinquent property taxes, an	ment with the County Recorder or Assessor. The Chan t recorded, within 90 days of the date of the change in ow the statement shall be filed within 150 days after the da raisal is filed. The failure to file a Change in Ownership S penalty of either: (1) one hundred dollars (\$100); or (2) nership of the real property or manufactured home, whic ble for the homeowners' exemption or twenty thousand filure to file was not willful. This penalty will be added to	ge in Ownership wnership, except ate of death or, if Statement within 10 percent of the hever is greater, dollars (\$20,000)
A. TR	RANSFER INFORMATION (Check the appropriate boxes to indic	cate the method by which you acquired an interest in the	property.)
1. 🗌 2. 🗌	Purchase (complete Sections B and C on the reverse side). Land Sales Contract . A contract for the purchase of property in which the seller retains legal title to it after the buyer takes possession.	 13. Was this transfer/addition solely between spouses or registered domestic partners, divorce settlement, etc.? 14. Was this transaction only a correction of the state of the state	Yes No
3. 🗌	Inheritance. Transfer by will or intestate succession. Date of death Relationship to deceased	name(s) of persons or entities holding title?15. If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?	Yes No
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?	🗌 Yes 🗌 No
5. 🗌	property. Merger or stock acquisition.	 17. Was this transfer between family members or related businesses? 18. Was this document recorded to substitute a trustee. 	🗌 Yes 🗌 No
6.	Partial interest transfer. Was less than 100 percent of the	18. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar	
у. Ш	property transferred? If yes , indicate the percentage transferred%.	document?	Yes No

- 7. Foreclosure or trustee sale.
- 8. Gift.
- 9. Life estate.
- 10. Reconveyance (pay-off).

12. Termination of a lease:

11. Creation or assignment of a lease:

12 years or less? (Clifford Trust) If you answered no to 21 or 22, attach a copy of the trust agreement.

20. Has this property been transferred to a trust?

21. If the trust is irrevocable, is the transferor or the

transferor's spouse or registered domestic

partner the sole present beneficiary? 22. Does this property revert to the transferor in

If **yes**, is the trust: Revocable Irrevocable

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)

EF-502-G-R06-0516-52000116-2 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 letter of intent signed:		Effective transfer date:		
			r: Date:		
	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: Working interest: Other working interest owners & percentages:				
8.	Number of wells: Producing	Injection	All idle Other		
9.	Productive acres in the parcel:	Total	acres in the parcel:		
10.	Production rates at acquisition: Oil	b/d Gas	mcf/d Waterb/d		
11.	Price received for oil and gas at acquisition: 0	il	\$/b Gas\$/mcf		
12.	Oil gravity: API G	as:btu/m	cf Average producing depth:ft		
	•				
14.			t in establishing a purchase price?		
		isals, evaluations, cash flow projection e price.	ons or analyses. Please identify the analysis or appraisal		
	agreements. b. A complete listing of all assets acquired and		as well as other related agreements or contracts, such as loan if not included in item 15a. Please list each lease, including		
C.	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:		ash to seller:		
	Production and/or conventional loan(s):	Amount(s):	Interest rate(s):		
	Source(s) of financing (bank, seller, etc.):				
	Purchase price allocated to: Fixed plant & equ	ipment:	Moveable equipment		
D.	 REMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of the As 				
	OWNERSHIP TYPE	CERTIFICATION			
Prop Part	orietorship I certify (or declare) und including any accompany declaration is binding		the State of California that the foregoing and all information hereon, correct and complete to the best of my knowledge and belief. This partner.		
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)		TITLE		
	ATURE OF ASSESSEE OR AUTHORIZED AGENT		DATE		
NAM	E OF ENTITY (typed or printed)		FEDERAL EMPLOYER ID NUMBER		
PREF	PARER'S NAME AND ADDRESS (typed or printed)		TITLE		
DAY1 (TIME TELEPHONE NUMBER E-MAIL ADDRESS				

