EF-502-G-R05-1111-53000306-1 BOE-502-G (P1) REV. 5 (11-11)

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

File this statement by:

## Deanna L. Bradford County Clerk-Recorder-Assessor

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

(Please complete the reverse side.)

BUYER/TRANSFEREE	RECORDING DATA			
	Date Recorded:			
MAILING ADDRESS	Document Number:			
SELLER/TRANSFEROR	Assessor's Identification Number:  MB PG PCL			
MAILING ADDRESS	Phone Numbers:			
WAILING ADDRESS	Buyer: ()			
FIELD LEASE	Seller			
	Sec: Twp: Rng:			
IMPORTANT NOTICE The law requires any transferon acquiring an interest in a	real property or manufactured home subject to local property taxation, and that is			
	ership Statement with the County Recorder or Assessor. The Change in Ownership			
	ransfer is not recorded, within 90 days of the date of the change in ownership, except son of death the statement shall be filed within 150 days after the date of death or, if			
	ory and appraisal is filed. The failure to file a Change in Ownership Statement within			
	r results in a penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the			
taxes applicable to the new base year value reflecting the change in ownership of the real property or manufactured home, whichever is greater, but not to exceed five thousand dollars (\$5,000) if the property is eligible for the homeowners' exemption or twenty thousand dollars (\$20,000)				
	on <mark>if that failu</mark> re to file was not willful. This pe <mark>na</mark> lty will be add <mark>ed</mark> to the assessment rty taxes, and be subject to the same penalties for nonpayment.			
	poxes to indicate the method by which you acquired an interest in the property.)			
1. U Purchase (complete Sections B and C on the reverse	addition of a spouse, divorce settlement, etc.?			
<ol> <li>Land Sales Contract. A contract for the purchase of pin which the seller retains legal title to it after the buye</li> </ol>	property			
possession.	name(s) of persons or entities holding title to			
3. Inheritance. Transfer by will or intestate succession.	the property?			
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?			
4. Trade or exchange. The above described property ha	as been 16. Was this transaction the termination of a joint tenancy interest?			
traded or exchanged for other real property or tangible property.	e personal — — — — — — — — — — — — — — — — — — —			
	17. Was this transfer between family members or related businesses?			
5. Merger or stock acquisition.	18. Was this document recorded to substitute a trustee			
6. Partial interest transfer. Was less than 100 percent				
property transferred? If <b>yes</b> , indicate the percentage transferred %.	document?			
transierreu	19. Was this document recorded to create, assign,			
7. L Foreclosure or trustee sale.	or terminate a lender's interest in this property?			
8. Gift.	20. Has this property been transferred to a trust?			
9. Life estate.	21. If the trust is irrevocable, is the transferor or the			
10. Reconveyance (pay-off).	transferor's spouse the sole present beneficiary?			
	22. Does this property revert to the transferor in  12 years or less? (Clifford Trust)  Yes No			
11. Creation or assignment of a lease:				
(date	e) If you answered no to 21 or 22, attach a copy of the trust agreement.			
12. Termination of a lease:				

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)



В.	PROPERTY INFORMATION (Complete each item as it appl	es to this transaction.)		
1.				
2.	Field name: Lease name	e: Parcel number:		
3.	Date sales agreement or letter of intent signed:	Effective transfer date:		
4.	Closing date: Recor	ding document: Number: Da	ate:	
5.	Name, address and phone number of person with purchasing relative to the transaction:		vailable 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 & percentage of the percentage of th	entages:	
8.		n All idle		
9.	Productive acres in the parcel:	Total acres in the parcel:		
10.	Production rates at acquisition: Oil			
	Price received for oil and gas at acquisition: Oil	\$/b Gas	\$/mcf	
12.	Oil gravity:API Gas:	btu/mcf Average producing depth:	ft	
	Proved reserves: Developed: Oil	bbl Gas	mcf	
	Undeveloped: Oil	bbl Gas	mcf	
14.	Were appraisals, evaluations, cash flow projections or other a	analyses made to assist in establishing a purchase price	? 🗌 Yes 🗌 No	
15.	<ul> <li>a. If yes, please enclose copies of those appraisals, evaluat most relied upon in establishing the purchase price.</li> <li>b. If no, please explain in Section D how the purchase price Please enclose a copy of the following:</li> <li>a. The sales agreement or contract including all exhibits and agreements.</li> <li>b. A complete listing of all assets acquired and liabilities ass wells and related equipment, separately.</li> </ul>	was determined.  I amendments thereto, as well as other related agreement	nts or contracts, such as loan	
c. The allocation to your company books of the total acquisition price, by specific items.  C. PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION				
٥.	Terms: Total purchase price:			
	Production and/or conventional loan(s):		nterest rate(s):	
	Source(s) of financing (bank, seller, etc.):		ntoroot rato(o).	
	Purchase price allocated to: Fixed plant & equipment:	Moveable equipment		
D.	REMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of the Assessor.)			
		CERTIFICATION		
Pari Cor		perjury under the laws of the State of California that the foregents or documents, is true, correct and complete to the best of every co-owner and/or partner.		
	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 EMPL	OYER ID NUMBER	
PRE	PARER'S NAME AND ADDRESS (typed or printed)	TITLE		
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS			

