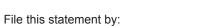
EF-502-G-R06-0516-53000385-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY





Shanna White County Clerk-Recorder-Assessor

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

BUYER/TRANSFEREE				RECORDING DATA	
MAIL	ING A	DDRESS		Date Recorded: Document Number: Assessor's Identification Number:	
SELL	.ER/TF	RANSFEROR		MB PG	PCL
MAIL	ING A	DDRESS		Phone Numbers:	
FIELI	n	LEASE		Buyer: ()	
FIELI	D	LEADE		Seller:	
		RTANT NOTICE requires any transferee acquiring an interest in real proper	ety or ma		ng: ntion, and that is
assettate that the second the sec	esse teme t whe esta lays lays not to e pro	d by the county assessor, to file a Change in Ownership State on the county assessor, to file a Change in Ownership State on the change in ownership has occurred by reason of death the is probated, shall be filed at the time the inventory and appear from the date of a written request by the Assessor results in a policable to the new base year value reflecting the change in owners of the change in owners, and the property is eligoperty is not eligible for the homeowners' exemption if that far shall be collected like any other delinquent property taxes, as	ement woot record the standarisal is a penalty whership ible for the	with the County Recorder or Assessor. The Changled, within 90 days of the date of the change in ownered tement shall be filed within 150 days after the day filed. The failure to file a Change in Ownership of either: (1) one hundred dollars (\$100); or (2) of the real property or manufactured home, which homeowners' exemption or twenty thousand 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 thever is greater, dollars (\$20,000)
		ANSFER INFORMATION (Check the appropriate boxes to ind			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 in which the seller retains legal title to it after the buyer takes possession.	14. \	or registered domestic partners, divorce settlement, etc.? Was this transaction only a correction of the	☐ Yes ☐ No
3.		Inheritance. Transfer by will or intestate succession. Date of death Relationship to deceased	15. I	name(s) of persons or entities holding title? f you hold title to this property as a joint tenant, s 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 property.	t	Vas this transaction the termination of a joint enancy interest? Was this transfer between family members or	☐ Yes ☐ No
5.		Merger or stock acquisition.		elated businesses?	☐ Yes ☐ No
6.		Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage transferred %.	ι	Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	☐ Yes ☐ No
7.		Foreclosure or trustee sale.		Nas this document recorded to create, assign, or terminate a lender's interest in this property?	☐ Yes ☐ No
8.		Gift.	20. H	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	☐ Yes ☐ No
9. 10.		Life estate. Reconveyance (pay-off).	t	f the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic	☐ Yes ☐ No
11.		Creation or assignment of a lease:	22. [Does this property revert to the transferor in	
12.		(date) Termination of a lease:		12 years or less? (Clifford Trust) If you answered no to 21 or 22, attach a copy of t	☐ Yes ☐ No

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

agreement.



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 .	most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price. Please enclose a copy of the following: a. The sales agreement or contract including all exhibits and agreements. b. A complete listing of all assets acquired and liabilities ass wells and related equipment, separately. c. The allocation to your company books of the total acquisite purchase price or transfer amount information. Terms: Total purchase price:	d amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such as the second of the s	ich as Ioan		
	. ,	Amount(s): Interest rate(s):			
	Source(s) of financing (bank, seller, etc.):				
D.	Purchase price allocated to: Fixed plant & equipment: Moveable equipment				
		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				

