EF-502-G-R06-0516-55000198-1 BOE-502-G (P1) REV. 6 (05-16)

File this statement by:

CHANGE IN OWNERSHIP STATEMENT

Tuolumne County Assessor - Recorder

2 South Green Street, Third Floor

Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674

Kaenan Whitman

Email: assessor@tuolumnecounty.ca.gov

OIL AND GAS PROPERTY	
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BUYER/TRANSFEREE			RECORDING DATA		
DUTEK/II	MINOFEREE				
MAILING A	ADDRESS		Date Recorded:		
			Document Number:		
SELLER/T	RANSFEROR		Assessor's Identification Number: MB PG	PCL	
				PCL	
MAILING A	ADDRESS		Phone Numbers:		
FIELD	LEASE		Buyer:		
			Seller:		
IMDC	ORTANT NOTICE		Sec: Twp: Rr	ng:	
_	v requires any transferee acquiring an interest in real propert	v or n	nanufactured home subject to local property taxa	ation and that is	
	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 appi s from the date of a written request by the Assesso <mark>r re</mark> sults 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 eligi				
	roperty is not eligible for the hom <mark>eowners' e</mark> xemption if that fai I shall be collecte <mark>d</mark> like any other delinquent property taxes, an			the assessment	
		_			
A. TR	RANSFER INFORMATION (Check the appropriate boxes to indi	cate ti	ne 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/addition solely between spouses		
2. 🗌	Land Calca Contract A contract for the purchase of property		or registered domestic partners, divorce settlement,	☐ Yes ☐ No	
2. 🗀	Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes		etc.?		
	possession.	14.	Was this transaction only a correction of the		
. \square			name(s) of persons or entities holding title?	☐ Yes ☐ No	
3. 📙	Inheritance. Transfer by will or intestate succession.	15.	If you hold title to this property as a joint tenant,		
	Date of deathRelationship to deceased		is the seller or transferor also a joint tenant?	☐ Yes ☐ No	
	Relationship to deceased	16	Mag this transaction the termination of a joint		
4.	Trade or exchange. The above described property has been	10.	Was this transaction the termination of a joint tenancy interest?	☐ Yes ☐ No	
	traded or exchanged for other real property or tangible personal			□ les □ l\0	
	property.	17.	Was this transfer between family members or		
5.	Merger or stock acquisition.		related businesses?	☐ Yes ☐ No	
		18.	Was this document recorded to substitute a trustee		
6. 📙	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?	∐ Yes ∐ No	
	transferred %.	19.	Was this document recorded to create, assign,		
7.	Foreclosure or trustee sale.		or terminate a lender's interest in this property?	☐ Yes ☐ No	
		20.	Has this property been transferred to a trust?	☐ Yes ☐ No	
8. 📙	Gift.	_2.	If yes , is the trust: Revocable Irrevocable		
9. 🗌	Life estate.	21	If the trust is irrevocable is the transferor or the		
э. Ш	Life estate.	۷۱.	If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic	☐ Yes ☐ No	
10.	Reconveyance (pay-off).		partner the sole present beneficiary?	163	
			paration and dolo prodotte dollollolary:		
11.	Creation or assignment of a lease:	22.	Does this property revert to the transferor in		
_	(date)		12 years or less? (Clifford Trust)	☐ Yes ☐ No	
12.	Termination of a lease:		If you answered no to 21 or 22, attach a copy of	the trust	
	(date)		agreement.		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



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, subumed in the acquisition, if not included in item 15a. Please list each lease, it ition price, by specific items. Cash to seller:	uch as loan including
	. ,	Amount(s): Interest rate(s):	
	Source(s) of financing (bank, seller, etc.):		
D.	Purchase price allocated to: Fixed plant & equipment:	Moveable equipment about the sale or transfer which should be called to the attention of the Ass	sessor.)
		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	I	

