CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

12. Termination of a lease:



Kaenan Whitman Tuolumne County Assessor - Recorder 2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674 Email: assessor@tuolumnecounty.ca.gov

MAILING ADDRESS SELLER/TRANSFEROR MAILING ADDRESS SELLER/TRANSFEROR MAILING ADDRESS FIELD LEASE IMPORTANT NOTICE The law requires any transferee acquiring an interest in real property or manufactured home subject to local property taxation, and assessed by the county assessor, to file a Change in Ownership Statement with the County Recorder or Assessor. The Change in Ownership Statement with the County Recorder or Assessor. The Change in Ownership Ata where the change in ownership, has occurred by reason of death the statement shall be filed within 150 days after the date of deat the testate is probated, shall be filed at the time the inventory and appraisal is filed. The failure to file a Change in Ownership of the real property or manufactured home, whichever is go but not to exceed five thousand dollars (\$5000) if the property is not eligible for the homeowners' exemption it that failure to file as not wilful. This penalty will be added to the asses for law office time the inventory and appraisal is filed. The homeowners' exemption it that failure to file was not wilful. This penalty will be added to the asses for law office and the state is probated. A. TRANSFER INFORMATION (Check the appropriate boxes to indicate the method by which you acquired an interest in the property in which the seller retains legal title to it after the buyer takes, and be subject to the same penalties for nonpayment. A. TRANSFER INFORMATION (Check the appropriate boxes to indicate the method by which you acquired an interest in the property is a eligible for the homeowners' exemption it that failure to file was not williful. This penalty will be added to the asprese	that is ership except n or, if within of the reater, 0,000)
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 Date of death	No
Relationship to deceased	
4. Trade or exchange. The above described property has been 16. Was this transaction the termination of a joint	No
4. I Trade or exchange. The above described property has been temperature to the second secon	
traded or exchanged for other real property or tangible personal tenancy interest?	No
property. 17. Was this transfer between family members or	
related husinesses2	No
5. Merger or stock acquisition.	
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?	No
transferred%.	
7. Foreclosure or trustee sale. 19. Was this document recorded to create, assign, or terminate a lender's interest in this property?	No
8. Gift. 20. Has this property been transferred to a trust? Yes	No
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	No
10. Image: A state of the state of th	
11. Creation or assignment of a lease: 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-R06-0516-55000056-2 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 lette	er of intent signed:		Effective transfer date:			
4.	Closing date:	Recording do	cument: Number: _	Date:			
5.	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	A	All idle Other			
9.	Productive acres in the parce	əl:	Total ac	pres in the parcel:			
10.	Production rates at acquisitio	on: Oilb/d	Gas	mcf/d Waterb/d			
11.	Price received for oil and gas	at acquisition: Oil		\$/b_Gas\$/mcf			
12.	Oil gravity:	API Gas:	btu/mcf	f Average producing depth:ft			
		eloped: Oil					
	Undeve	eloped: Oil		_ bbl Gasmcf			
14.			s made to assist in	n establishing 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: Production and/or conventional loan(s): Amount(s): Amount(s): 						
D.	Source(s) of financing (bank, seller, etc.):Purchase price allocated to: Fixed plant & equipment: Moveable equipment REMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of the Assessor.)						
		CERT	IFICATION				
Part	nership inclusion inclusico inclusico inclusico inclusico inclusico inclusico inclusio	rtify (or declare) under penalty of perjury u	nder the laws of the ocuments, is true, co	e State of California that the foregoing and all information hereon, orrect and complete to the best of my knowledge and belief. This artner.			
	E OF ASSESSEE OR AUTHORIZED AG	GENT (typed or printed)		TITLE			
SIGN	ATURE OF ASSESSEE OR AUTHORIZ	ZED AGENT		DATE			
NAME OF ENTITY (typed or printed)				FEDERAL EMPLOYER ID NUMBER			
PREI	PARER'S NAME AND ADDRESS (typed	or printed)		TITLE			
DAY ⁻	TIME TELEPHONE NUMBER	E-MAIL ADDRESS					

