EF-502-G-R05-1111-20000732-1 BOE-502-G (P1) REV. 5 (11-11)

File this statement by:

CHANGE IN OWNERSHIP STATEMENT

OIL AND GAS PROPERTY



Brett Frazier Madera County Assessor

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

(Please complete the reverse side.)

www.maderacounty.com/government/assessor

BUYER/TRANSFEREE			Γ			RECO	RDING DATA	Α		
				Date F	Record	ed.				
MAILING ADDRESS						umber:				
				Asses	sor's lo	dentification	Number:			
SELLER/T	RANSFEROR					MB	PG	F	PCL	
MAILING	ADDRESS		F	hone I	Numbe	ers:				
			_	Buyer: .	()				
FIELD	LEASE		5	Seller: .	()				
IMPORTANT NOTICE			S	Sec:		Twp: _		Rng:		
assess Statem that wh the esta 90 days taxes a but not if the p	or requires any transferee acquiring an interest in real propertived by the county assessor, to file a Change in Ownership States and the filed at the time of recording or, if the transfer is no here the change in ownership has occurred by reason of death ate is probated, shall be filed at the time the inventory and appress 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 eligit roperty is not eligible for the homeowners' exemption if that fail I shall be collected like any other delinquent property taxes, an	ement t reco the s raisal pena nersh ble fo ilure t	with the Corded, within statement sl is filed. The alty of either ip of the re- ir the home- to file was n	ounty F n 90 da nall be e failur r: (1) or al propo owners ot willf	Recordings of the filed was to file to	er or Asses ne date of the ithin 150 da e a Change dred dollars manufactur ption or two is penalty w	sor. The Ch he change in ays after the in Ownersh s (\$100); or (red home, whenty thousan will be added	ange in owners date of ip Stater 2) 10 per hichevernd dollar	Own hip, o deat nent rcent is g	ership except h or, if within of the reater, 20,000)
	ANSFER INFORMATION (Check the appropriate boxes to indi							the prop	erty.)	
1.	Purchase (complete Sections B and C on the reverse side).	13			-		band and wife			
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.			•		orce settleme	•	□ \	Yes	∐ No
			 Was this tr name(s) of the proper 	f person		a correction			Yes	☐ No
3. 🗆	Inheritance. Transfer by will or intestate succession. Date of death	15.	. If you hold			perty as a jo also a joint t		\Box	Yes	□ No
	Relationship to deceased					-			100	
4.	Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal property.	16.	. Was this tr tenancy in		on the t	termination of	of a joint		⁄es	□ No
		17.	. Was this tr			n family mer	mbers or	\Box	<i>(</i>	□ N-
5.	Merger or stock acquisition.		related bus						res	☐ No
6.	Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage	18.	18. Was this document recorded to sul under a deed of trust, mortgage, or document?					Yes	□ No	
7.	transferred %. Foreclosure or trustee sale.	19	. Was this d			ded to creat terest in this	-		⁄es	□ No
8.	Gift.	20	. Has this p				a trust?		Yes .	□ No
9.	Life estate.	21.	. If the trust transferor's			is the transf ole present I			Yes	☐ No
10.	Reconveyance (pay-off).	22	. Does this p	oroperty	revert	to the transf	•	\Box	Yes	□ No
11.	Creation or assignment of a lease:		-							140
12.	(date) Termination of a lease:		If you ans agreemer		no to 2	21 or 22, att	ach a copy o	of the tru	ıst	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)



В.	PROPERTY INFORMATION (Complete each	item as it applies to this transaction.)									
1.	Seller's name and address:										
2.	Field name:	Lease name:	Parcel number	Parcel number:							
3.	Date sales agreement or letter of intent signed:	í	Effective transfer date:								
4.	Closing date:	Recording document: 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 cons	sultants used in connection with the tra	ansaction:								
7	Interest acquired (please report decimal fraction	ns out of total: e.g. 0.875 out of 1.000	1								
,.	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 a	acres in the parcel:								
10.	Production rates at acquisition: Oil	b/d Gas	mcf/d Wate	erb/d							
11.	Price received for oil and gas at acquisition:	Dil	\$/b Gas	\$/mcf							
12.	Oil gravity:API G	Gas: btu/m	cf Average producing depth	n: ft							
	Proved reserves: Developed: Oil		bbl Gas	mcf							
	Undeveloped: Oil		_ bbl Gas	mcf							
14.	Were appraisals, evaluations, cash flow project										
15. C .	 b. If no, please explain in Section D how the p Please enclose a copy of the following: a. The sales agreement or contract including a agreements. b. A complete listing of all assets acquired and wells and related equipment, separately. c. The allocation to your company books of the PURCHASE PRICE OR TRANSFER AMOUNT Terms: Total purchase price:	all exhibits and amendments thereto, and liabilities assumed in the acquisition, e total acquisition price, by specific iter T INFORMATION	if not included in item 15a. F	lease list each lease, including							
	Production and/or conventional loan(s):	Amount(s): _		Interest rate(s):							
	Source(s) of financing (bank, seller, etc.):										
D.		chase price allocated to: Fixed plant & equipment: Moveable equipment MARKS (Please include below any additional information about the sale or transfer which should be called to the attention of the Assessor.)									
		CERTIFICATION									
Pari	tnership including any accompa poration declaration is binding	der penalty of perjury under the laws of the anying statements or documents, is true, or on each and every co-owner and/or p	correct and complete to the be								
NAM	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)		TITLE								
SIGN	NATURE OF ASSESSEE OR AUTHORIZED AGENT	DATE									
NAM	IE OF ENTITY (typed or printed)	FEDERAL E	FEDERAL EMPLOYER ID NUMBER								
PRE	PARER'S NAME AND ADDRESS (typed or printed)		TITLE								
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS										

