EF-502-G-R06-0516-20000065-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

Madera County Assessor

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

Brett Frazier

www.maderacounty.com/government/assessor

BUYE	R/TR	RANSFEREE		RECORDING DATA	
				Date Recorded:	
MAIL	ING A	DDRESS		Document Number:	
				Assessor's Identification Number:	
SELL	ER/TF	RANSFEROR		MB PG	PCL
MAIL	ING A	NDDRESS		Phone Numbers:	
				Ruyor: ()	
IEL)	LEASE		Buyer: () Seller: ()	
IMPORTANT NOTICE				Sec: Twp: Rn	g:
hat he 90 c axe out f th	wheesta	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 ite is probated, shall be filed at the time the inventory and appute from the date of a written request by the Assessor results in a applicable to the new base year value reflecting the change in ow to exceed five thousand dollars (\$5,000) if the property is eligit apperty is not eligible for the homeowners' exemption if that fait shall be collected like any other delinquent property taxes, an	the s raisal pena nersh ble fo ilure t	tatement shall be filed within 150 days after the dais filed. The failure to file a Change in Ownership Silty of either: (1) one hundred dollars (\$100); or (2) hip of the real property or manufactured home, whice the homeowners' exemption or twenty thousand of file was not willful. This penalty will be added to	ate of death or, if Statement within 10 percent of the hever is greater, dollars (\$20,000)
۹.	TR	ANSFER INFORMATION (Check the appropriate boxes to indi	cate t	he 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 Sales Contract. A contract for the purchase of property		or registered domestic partners, divorce settlement, etc.?	ent, L Yes L No
		in which the seller retains legal title to it after the buyer takes possession.	14.	Was this transaction only a correction of the name(s) of persons or entities holding title?	☐ Yes ☐ No
3.	Ш	Inheritance. Transfer by will or intestate succession. 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?	☐ Yes ☐ No
4.		Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal	16.	Was this transaction the termination of a joint tenancy interest?	☐ Yes ☐ No
		property.	17.	Was this transfer between family members or	
5.		Merger or stock acquisition.		related businesses?	☐ Yes ☐ No
6.		Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage	18.	Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	☐ Yes ☐ No
7.		transferred %. Foreclosure or trustee sale.	19.	Was this document recorded to create, assign, or terminate a lender's interest in this property?	☐ Yes ☐ No
8.		Gift.	20.	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	☐ Yes ☐ No
9.		Life estate.	21.	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?	
11.		Creation or assignment of a lease:	22.	Does this property revert to the transferor in 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 tagreement.	he trust

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION (Complete each ite	• •	•					
	Seller's name and address:							
	Field name:							
	Date sales agreement or letter of intent signed: Effective transfer date:							
	4. Closing date: Date: 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 ow	ners & percentages:				
8.	Number of wells: Producing	Injection	All idle	Other				
	Productive acres in the parcel:							
10.	Production rates at acquisition: Oil	b/d Gas _	mcf	d Waterb/d				
11.	Price received for oil and gas at acquisition: Oil	1	\$/b Gas	\$/mcf				
			btu/mcf Average producing depth: ft					
13.	Proved reserves: Developed: Oil		bbl Gas	mcf				
	Undeveloped: Oil		bbl Gas	mcf				
14.	Were appraisals, evaluations, cash flow projections or other analyses made to assist in establishing a purchase price? Yes No							
C.	 15. 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 lo 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. C. PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION 							
	Terms: Total purchase price:		Cash to seller:					
	Production and/or conventional loan(s):							
	Source(s) of financing (bank, seller, etc.):			. ,				
	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.)							
		CERTIFICA	ATION					
Pari	tnership including any accompan		nts, is true, correct and complete	that the foregoing and all information hereon, to the best of my knowledge and belief. This				
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	Г	ITLE					
SIGN	NATURE OF ASSESSEE OR AUTHORIZED AGENT	С	DATE					
NAM	E OF ENTITY (typed or printed)		F	EDERAL EMPLOYER ID NUMBER				
PRE	PARER'S NAME AND ADDRESS (typed or printed)		1	TITLE				
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS							

