EF-502-G-R06-0516-27000506-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Xochitl Marina Camacho Monterey County Assessor

P. O. Box 570

Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435

assessor@co.monterey.ca.us

BUYI	ER/TR	ANSFEREE		RECORDING DATA
				Date Recorded:
MAIL	ING A	DDRESS		Document Number:
				Assessor's Identification Number:
SELL	.ER/TF	RANSFEROR		MB PG PCL
MAII	ING A	DDRESS		Phone Numbers:
				Puver ()
FIELI	D	LEASE		Buyer: () Seller: ()
IMPORTANT NOTICE				Sec: Twp: Rng:
State that the staxe taxe taxe taxe taxe taxe taxe taxe	teme t whe esta lays es ap not	ent must be filed at the time of recording or, if the transere the change in ownership has occurred by reasonte is probated, shall be filed at the time the inventory from the date of a written request by the Assessor replicable to the new base year value reflecting the chato exceed five thousand dollars (\$5,000) if the proper	nsfer is not recon n of death the st y and appraisal i esults in a penal ange in ownershi rty is eligible for n if that failure to	t with the County Recorder or Assessor. The Change in Ownershorded, within 90 days of the date of the change in ownership, excestatement shall be filed within 150 days after the date of death or, is filed. The failure to file a Change in Ownership Statement with alty of either: (1) one hundred dollars (\$100); or (2) 10 percent of thip of the real property or manufactured home, whichever is greated or the homeowners' exemption or twenty thousand dollars (\$20,00 to file was not willful. This penalty will be added to the assessment subject to the same penalties for nonpayment.
Α.	TR	ANSFER INFORMATION (Check the appropriate box	xes to indicate th	the method by which you acquired an interest in the property.)
1.		Purchase (complete Sections B and C on the reverse s	. 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		or registered domestic partners, divorce settlement,
		possession.		. Was this transaction only a correction of the name(s) of persons or entities holding title?
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?
4.		·	been	tenancy interest?
		property.	17.	. Was this transfer between family members or
5.		Merger or stock acquisition.		related businesses?
6.		Partial interest transfer. Was less than 100 percent of property transferred? If yes, indicate the percentage		Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?
7.		transferred %. Foreclosure or trustee sale.	19.	. Was this document recorded to create, assign, or terminate a lender's interest in this property?
8.		Gift.	20.	Has this property been transferred to a trust? ☐ Yes ☐ Nevocable ☐ Irrevocable
9.		Life estate.	21.	. If the trust is irrevocable, is the transferor or the
10.		Reconveyance (pay-off).		transferor's spouse or registered domestic
11.		Creation or assignment of a lease:(date)	22.	Does this property revert to the transferor in 12 years or less? (Clifford Trust) Yes
12.		Termination of a lease:	 .	If you answered no to 21 or 22, attach a copy of the trust agreement.

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



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В.	PROPERTY INFORMATION (Complete each		,					
1.					-			
			Parcel number:					
3.	· · · · · · · · · · · · · · · · · · ·		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: Name, address, and phone number of any consultants used in connection with the transaction: 							
6.								
7.	Interest acquired (please report decimal fraction	ons out of total; e.g., 0.875 ou	ıt of 1.000).		_			
	Revenue interest: Worki	ng interest:	Other working interest own	ers & percentages:	_			
8.	Number of wells: Producing	Injection	All idle	Other	_			
9.	Productive acres in the parcel:		Total acres in the parcel:					
10.	Production rates at acquisition: Oil	b/d Gas _	mcf/c	Waterb/d				
11.	Price received for oil and gas at acquisition:	Oil	\$/b Gas	\$/mcf				
12.	Oil gravity:API	Gas:	btu/mcf Average producir	g depth: ft				
13.	Proved reserves: Developed: Oil		bbl Gas	mc	٥f			
	Undeveloped: Oil —		bbl Gas —	m	cf			
14.	Were appraisals, evaluations, cash flow project	ctions or other analyses made	e to assist in establishing a pure	chase price?				
15. C .	 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. 							
О.	PURCHASE PRICE OR TRANSFER AMOUNTERMS: Total purchase price:		Cash to seller:					
	Production and/or conventional loan(s):				_			
	()		` '	Interest rate(s).	_			
	Source(s) of financing (bank, seller, etc.): Moveable equipment							
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 A								
		CERTIFICA	TION		_			
Pari Cor	tnership including any accomp		ts, is true, correct and complete t	nat the foregoing and all information hereor to the best of my knowledge and belief. Thi				
NAM	IE OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)		ТІ	ΓLE				
SIGN	NATURE OF ASSESSEE OR AUTHORIZED AGENT		DA	TE				
NAM	IE OF ENTITY (typed or printed)		FF	DERAL EMPLOYER ID NUMBER				
. 47 (11/1				E CONTRACTOR CONTRACTO				
PRE	PARER'S NAME AND ADDRESS (typed or printed)	ТІ	TITLE					
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS		1					

