EF-502-G-R06-0516-42000342-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY



County Clerk, Recorder and Assessor P.O. Box 159, Santa Barbara, CA 93102-0159 Santa Barbara (805) 568-2550 Santa Maria (805) 346-8310

Joseph E. Holland

File this statement by:

					DECORE ::-:		
BUYER/TRANSFEREE			RECORDING DATA				
MAILING ADDRESS					d:		
					mber: entification Number:		
SELLER/TRANSFEROR			7336	3301 3 100	MB PG	PCL	_
MAILING ADDRESS		_	Phone	Number	S:		
			Ruver:	()		
FIELD	LEASE		Seller:	())		
IMPORTANT NOTICE		_			_ Twp: R		
The law requires any transferee accassessed by the county assessor, to Statement must be filed at the time of that where the change in ownership the estate is probated, shall be filed 90 days from the date of a written retaxes applicable to the new base year but not to exceed five thousand doll if the property is not eligible for the roll and shall be collected like any o	o file a Change in Ownership State of recording or, if the transfer is no o has occurred by reason of death at the time the inventory and apprequest by the Assessor results in a revalue reflecting the change in ow lars (\$5,000) if the property is eligil homeowners' exemption if that fai	ement of trecord the straisal in penal or mershiple for illure to	with the County I ded, within 90 da atement shall be s filed. The failur ty of either: (1) or p of the real prop the homeowners of file was not will	Recorder ys of the filed with re to file ne hunder erty or ne s' exemp ful. This	r or Assessor. The Cha e date of the change in o thin 150 days after the o a Change in Ownership red dollars (\$100); or (2) nanufactured home, whi tion or twenty thousand penalty will be added t	nge in Ownership date of dea Statemer 10 perce chever is dollars (vnership o, except ath or, if nt within nt of the greater, \$20,000)
A. TRANSFER INFORMATION (C			•			e property	/.)
1. Purchase (complete Sections	s 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 propert		or registered domestic partners, divorce settlement,					☐ No
in which the seller retains leg	al title to it after the buyer takes	4.4					
possession.		14.	name(s) of person	,	a correction of the ties holding title?	☐ Yes	☐ No
3. Inheritance. Transfer by will	or intestate succession.	15	. , .		erty as a joint tenant,		
Date of death Relationship to deceased		10.	-		lso a joint tenant?	☐ Yes	☐ No
4. Trade or exchange. The abo	re described property has been real property or tangible personal	16.	Was this transact tenancy interest?	ion the te	rmination of a joint	☐ Yes	☐ No
property.	. Tour property or tarriginal personal	17.	Was this transfer	between	family members or		
5. Merger or stock acquisition	1.		related businesse	s?		Yes	☐ No
6. Partial interest transfer. Wa property transferred? If yes, i	s less than 100 percent of the	18.			ed to substitute a trustee tgage, or other similar	☐ Yes	□ No
transferred %.		19.	Was this docume	nt record	ed to create, assign,		
7. D Foreclosure or trustee sale					erest in this property?	☐ Yes	☐ No
8. Gift.		20.			nsferred to a trust? evocable	☐ Yes	□ No
9. Life estate.		21.	If the trust is irrev	ocable, is	s the transferor or the		
10. Reconveyance (pay-off).			transferor's spous partner the sole p	_		☐ Yes	☐ No
11. Creation or assignment of a	a lease:	22.	Does this propert 12 years or less?	•		☐ Yes	☐ No
12. Termination of a lease:			If vou answered	no to 21	or 22, attach a copy of	the trust	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION (Complete each item as it	applies to this transaction	1.)						
1.	Seller's name and address:								
2.	Field name: Lease n	ame:	Parcel number:						
3.	Date sales agreement or letter of intent signed:		Effective transfer date:	Effective transfer date:					
4.	Closing date: Re	ng date: Date: Date:							
5.	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 us	sed in connection with th	e transaction:						
7	Interest acquired (please report decimal fractions out of total; e.g., 0.875 out of 1.000).								
	Revenue interest: Working interest			percentages:					
8.	Number of wells: Producing Inje	ection	All idle	Other					
9.	Productive acres in the parcel:	То	tal acres in the parcel:						
10.	Production rates at acquisition: Oil	b/d Gas	mcf/d Wat	erb/d					
11.	Price received for oil and gas at acquisition: Oil		\$/b Gas	\$/mcf					
	Oil gravity:API Gas:								
	Proved reserves: Developed: Oil								
	Undeveloped: Oil		bbl Gas	mcf					
14.	Were appraisals, evaluations, cash flow projections or other								
15.	most relied upon in establishing the purchase price. b. If no , please explain in Section D how the purchase p Please enclose a copy of the following: a. The sales agreement or contract including all exhibits agreements.	ements or contracts, such as loan							
	 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.	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:		Cash to seller:						
	Production and/or conventional loan(s):	Amount(s	3):	Interest rate(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.)								
		CERTIFICATION							
Par	tnership including any accompanying state poration declaration is binding on each	ements or documents, is tr	rue, correct and complete to the be	foregoing and all information hereon, est of my knowledge and belief. This					
NAM	TE OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)		TITLE						
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT				DATE					
NAM	ME OF ENTITY (typed or printed)	FEDERAL	FEDERAL EMPLOYER ID NUMBER						
PRE	PARER'S NAME AND ADDRESS (typed or printed)	TITLE							
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS		1						

