EF-502-G-R06-0516-55000059-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



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

DLNG	-0/	ANOFFRE		RECORDING DATA			
RUYE	K/IR	ANSFEREE		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:			
				Buyer: ()			
FIELI)	LEASE		Buyer: () Seller: ()			
				Sec: Twp: Rr			
IM	PO	RTANT NOTICE		Sec Twp Ri	ıg		
Stat that the 90 c taxe but if th	eme whe esta lays es ap not t	ed by the county assessor, to file a Change in Ownership State and must be filed at the time of recording or, if the transfer is neare the change in ownership has occurred by reason of deat te is probated, shall be filed at the time the inventory and appropriate of a written request by the Assessor results in oplicable to the new base year value reflecting the change in or to exceed five thousand dollars (\$5,000) if the property is eligoperty is not eligible for the homeowners' exemption if that firshall be collected like any other delinquent property taxes, a	ot reconding the seconding of the second	orded, within 90 days of the date of the change in or tatement shall be filed within 150 days after the da is filed. The failure to file a Change in Ownership alty of either: (1) one hundred dollars (\$100); or (2) alp of the real property or manufactured home, which the homeowners' exemption or twenty thousand of file was not willful. This penalty will be added to	wnership, except ate of death or, if Statement within 10 percent of the thever is greater, dollars (\$20,000)		
Α.	TR	ANSFER INFORMATION (Check the appropriate boxes to inc	dicate 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 in which the seller retains legal title to it after the buyer takes		or registered domestic partners, divorce settlement,			
2	possessi	possession. Inheritance. Transfer by will or intestate succession.	14.	Was this transaction only a correction of the name(s) of persons or entities holding title?	☐ Yes ☐ No		
٥.		Date of deathRelationship to deceased	15.	If you hold title to this property as a joint tenant, 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		
5.		property. Merger or stock acquisition.	17.	Was this transfer between family members or related businesses?	☐ Yes ☐ No		
		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. 10.	_	Life estate. Reconveyance (pay-off).	21.	If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic partner the sole present beneficiary?	☐ Yes ☐ No		
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 t	the trust		
				,			

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

agreement.

(date)



B. ₁	PROPERTY INFORMATION (• •	•						
	Seller's name and address:			Parcel number:						
				Farce number Effective transfer date:						
	•	-								
	 4. Closing date: Date: Date: Date:									
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	All idle						
9.	Productive acres in the parcel:			Total acres in the parcel:						
10.	Production rates at acquisition	: Oil	b/d Gas _	mcf/c	l Water	b/d				
11.	Price received for oil and gas a	at acquisition: Oil		\$/b Gas		\$/mcf				
12.	Oil gravity:	API Gas	:	btu/mcf Average producir	ng depth:	ft				
13.	Proved reserves: Develo	oped: Oil		bbl Gas		mcf				
	Undevelo	oped: Oil		bbl Gas —		mcf				
14.	Were appraisals, evaluations,	cash flow projection	s or other analyses mad	e to assist in establishing a pure	chase price?	No				
 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 Torms: Total purchase price:			Cash to seller:						
				nount(s):						
		` '		` '	interest rate(s)					
	Source(s) of financing (bank, seller, etc.): Moveable equipment									
D.	•		e or transfer which should be ca		issessor.)					
			CERTIFICA	TION						
Part Cor	tnership includ	ding any accompanyi		ne laws of the State of California the ts, is true, correct and complete the rand/or partner.						
NAM	E OF ASSESSEE OR AUTHORIZED AGE	NT (typed or printed)		TI	TLE					
SIGN	NATURE OF ASSESSEE OR AUTHORIZE	D AGENT		DA	ATE					
NAM	E OF ENTITY (typed or printed)			FE	EDERAL EMPLOYER ID NUMBER					
PRE	PARER'S NAME AND ADDRESS (typed or	r printed)	Ti	TITLE						
DAY	TIME TELEPHONE NUMBER	E-MAIL ADDRESS								

