EF-502-G-R05-1111-57000607-1 BOE-502-G (P1) REV. 5 (11-11)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

YOLO COUNTY COUNTY ASSESSOR

625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 Fax (530) 666-8213 West Sacramento (916) 375-6496 assessor@yolocounty.org

BUYI	ER/TR	ANSFEREE	_		RECORDING DATA				
					Date	Recorded:			
MAIL	ING A	DDRESS		Docu	Document Number:				
SELL	FR/T	RANSFEROR		Asses	Assessor's Identification Number:				
OLLL	IV/ I I	ANOI LIVON					MB	PG	PCL
MAIL	IAILING ADDRESS					Numbers:			
		Ι.			Buyer:	()			
FIELI	D	LEASE	LEASE		Seller:	()			
IM	PO	RTANT NOTICE			Sec:		Twp:	Rn	g:
ass Stat that the 90 c taxe but if th	esse teme t who esta days es ap not	requires any transferee acquiring at d by the county assessor, to file a CI nt must be filed at the time of recordiere the change in ownership has occite is probated, shall be filed at the tim from the date of a written request by plicable to the new base year value reconstructed five thousand dollars (\$5,00 operty is not eligible for the homeowishall be collected like any other delired.	nange in Ownership State ng or, if the transfer is not urred by reason of death ne the inventory and appro the Assessor results in a eflecting the change in own 00) if the property is eligik ners' exemption if that fail	ment treco the st aisal pena nersh ole for	with the County I rded, within 90 datatement shall be is filed. The failur Ity of either: (1) or ip of the real proper the homeowners of file was not will	Recorder only sof the defiled withing the file and the fi	r Assessor. late of the cha n 150 days af Change in Ow d dollars (\$10 nufactured ho on or twenty ti enalty will be	The Changange in over fer the date of the change of the ch	ge in Ownership vnership, except te of death or, if Statement within I o percent of the hever is greater, dollars (\$20,000)
	_	ANSFER INFORMATION (Check the							property.)
1.		Purchase (complete Sections B and C	on the reverse side).	13.	Was this transfer	-			
2.		Land Sales Contract. A contract for the purchase of property			addition of a spou	addition of a spouse, divorce settlement, et			☐ Yes ☐ No
		in which the seller retains legal title to it possession.			Was this transact name(s) of person the property?				☐ Yes ☐ No
3.	Ш	Inheritance. Transfer by will or intestat Date of death Relationship to deceased		15.	If you hold title to is the seller or tra				☐ Yes ☐ No
4.		Trade or exchange. The above describe traded or exchanged for other real properties.	bed property has been	16.	Was this transact tenancy interest?	on the term	nination of a jo	int	☐ Yes ☐ No
		property.		17.	Was this transfer	between fa	mily members	or	
5.		Merger or stock acquisition.			related businesse	s?			☐ Yes ☐ No
		Partial interest transfer. Was less tha property transferred? If yes, indicate th	•	18.	Was this docume under a deed of to document?				☐ Yes ☐ No
7.		transferred %. Foreclosure or trustee sale.		19.	Was this docume or terminate a len			•	☐ Yes ☐ No
8.		Gift.		20.	Has this property If yes , is the trus	been transf	ferred to a trus	st?	☐ Yes ☐ No
9.		Life estate.		21.	If the trust is irrev transferor's spous	ocable, is th	ne transferor o	r the	☐ Yes ☐ No
10.		Reconveyance (pay-off).			Does this propert	y revert to the	he transferor i		
11.		Creation or assignment of a lease:			12 years or less?	(Clifford Tru	ust)		☐ Yes ☐ No
12.		Termination of a lease:	(date)		If you answered agreement.	no to 21 o	r 22, attach a	copy of the	he trust
12.	Ш	reminiation of a lease:	(date)		•	ase comp	lete the reve	rse side.)	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION (Complete each ite	• •	•								
	Seller's name and address:										
		Lease name: Parcel number:									
	ate sales agreement or letter of intent signed: Effective transfer date:										
	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 consu	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							
	Oil gravity:API Ga										
13.	Proved reserves: Developed: Oil		bbl Gas	mcf							
	Undeveloped: Oil		bbl Gas	mcf							
14.	Were appraisals, evaluations, cash flow projection	ons or other analyses mad	e to assist in establishing a pu	rchase price?							
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 loa 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):			Interest rate(s):							
	Source(s) of financing (bank, seller, etc.):			. ,							
	Purchase price allocated to: Fixed plant & equi		Moveable equi	pment							
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	FEDERAL EMPLOYER ID NUMBER							
PRE	PARER'S NAME AND ADDRESS (typed or printed)		1	TITLE							
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS										

