EF-502-G-R05-1111-03000827-1 BOE-502-G (P1) REV. 5 (11-11)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

ALIFORNIA DE LA CONTRACTOR DE LA CONTRAC

Assessor of Amador County 810 Court Street Jackson, CA 95642

James B Rooney

Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

File this statement by:

BUYER/T	RANSFEREE	RECORDING DATA		
MAILING	ADDRESS	Date Recorded:		
		Document Number: Assessor's Identification Number:		
SELLER/	TRANSFEROR	MB PG PCL		
AMULINO ADDDESO		Phone Numbers:		
MAILING ADDRESS				
FIELD	LEASE	Buyer: () Seller: ()		
		Sec: Twp: Rng:		
The law assess Statem that wh the est 90 days taxes a but not if the p	ed by the county assessor, to file a Change in Ownership Stent must be filed at the time of recording or, if the transfer is here the change in ownership has occurred by reason of deate is probated, shall be filed at the time the inventory and a s from the date of a written request by the Assessor results is applicable to the new base year value reflecting the change in to exceed five thousand dollars (\$5,000) if the property is elroperty is not eligible for the homeowners' exemption if that	perty or manufactured home subject to local property taxation, and that is statement with the County Recorder or Assessor. The Change in Ownership is not recorded, within 90 days of the date of the change in ownership, except eath the statement shall be filed within 150 days after the date of death or, if appraisal is filed. The failure to file a Change in Ownership Statement within in a penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the ownership of the real property or manufactured home, whichever is greater, eligible for the homeowners' exemption or twenty thousand dollars (\$20,000) at failure to file was not willful. This penalty will be added to the assessment		
	d shall be collected like any other delinquent property taxes, RANSFER INFORMATION (Check the appropriate boxes to it	indicate the 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 solely between husband and wife,		
2.	Land Sales Contract. A contract for the purchase of property	addition of a spouse, divorce settlement, etc.?		
	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 to the property?		
3.	· · · · · · · · · · · · · · · · · · ·	15. If you hold title to this property as a joint tenant,		
	Date of death	is the seller or transferor also a joint tenant?		
4.	1	16. Was this transaction the termination of a joint 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 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		
	transferred %.	19. Was this document recorded to create, assign,		
7.	Foreclosure or trustee sale.	or terminate a lender's interest in this property?		
8.	Gift.	20. Has this property been transferred to a trust?		
9.	Life estate.	21. If the trust is irrevocable, is the transferor or the transferor's spouse the sole present beneficiary?		
10.	Reconveyance (pay-off).	22. Does this property revert to the transferor in 12 years or less? (Clifford Trust) Yes No		
11	Creation or assignment of a lease:(date)	If you answered no to 21 or 22, attach a copy of the trust		
12.	Termination of a lease:	agreement. (Please complete the reverse side.)		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



EF-502-G-R05-1111-0300082

В.	PROPERTY INFORMATION (Complete each item as it applies to this transaction.)						
	Seller's name and address:						
	Field name: Lease name:						
	Date 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 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 ov	/ners & percentages:			
8.	Number of wells: Producing	Injection	All idle	Other			
	Productive acres in the parcel:						
	Production rates at acquisition: Oil						
	Price received for oil and gas at acquisition: Oi						
			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.	 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. PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION 						
	Terms: Total purchase price:		Cash to seller:				
	Production and/or conventional loan(s):	Ar	mount(s):	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.						
		CERTIFICA	ATION				
Pari	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			
NAME OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)				TITLE			
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT				DATE			
NAME OF ENTITY (typed or printed)				EDERAL EMPLOYER ID NUMBER			
PRE	PARER'S NAME AND ADDRESS (typed or printed)			TITLE			
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS						

