EF-502-G-R06-0516-03000698-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

James B Rooney Assessor of Amador County 810 Court Street

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

File this statement by:

					RECORDING DAT		_
BUYER/TRANSFEREE						-	
MAILING ADDRESS					orded:		
					t Number:		
SELLER/TRANSFEROR				Assessor	's Identification Number: MB PG	PCL	
				Phone Nun		FGL	Ш
MAILING A	ADDRESS						
FIELD	115	LEASE		Buyer: ()		_
TILLD		LAUL		Seller: ()		
IMPC	RTANT NOTICE			Sec:	Twp:	Rng:	_
Statement that who the esta 90 days taxes apbut not if the properties.	ed by the county assessor, to file ent must be filed at the time of re ere the change in ownership hat ite is probated, shall be filed at the from the date of a written reque oplicable to the new base year var to exceed five thousand dollars coperty is not eligible for the hor shall be collected like any other	ecording or, if the transfer is no s occurred by reason of death the time the inventory and appr est by the Assessor results in a alue reflecting the change in ow (\$5,000) if the property is eligil meowners' exemption if that fai	t reco the st raisal i pena rnersh ble for ilure to	rded, within 90 days of tatement shall be filed is filed. The failure to lty of either: (1) one h ip of the real property the homeowners' ex to file was not willful.	of the date of the change in d within 150 days after the file a Change in Ownersh undred dollars (\$100); or (or manufactured home, w emption or twenty thousal This penalty will be added	n ownership, except date of death or, ip Statement within 2) 10 percent of the hichever is greate and dollars (\$20,000	pt if in er, 0)
	ANSFER INFORMATION (Chec					the property.)	_
1.	Purchase (complete Sections B and C on the reverse side).		13.	Was this transfer/addi	ition solely between spouses	;	
2. 🗌	Land Sales Contract. A contract for the purchase of property			•	c partners, divorce settlemer	nt, 🗌 Yes 🗌 N	lo
2. 🗀	in which the seller retains legal tit			etc.?			
	possession.		14.		only a correction of the		
3. 🗌	Inheritance. Transfer by will or in	ntactate succession		name(s) of persons or	r entities holding title?	☐ Yes ☐ N	0
э. Ш	Date of death	nestate succession.	15.	If you hold title to this	property as a joint tenant,		
	Relationship to deceased			is the seller or transfer	ror also a joint tenant?	☐ Yes ☐ N	0
4.	Trade or exchange. The above of	described property has been	16.	Was this transaction the tenancy interest?	he termination of a joint	☐ Yes ☐ N	lo
	traded or exchanged for other reapproperty.	ai property or tangible personal	17	,	veen family members or		
	• • •		17.	related businesses?	veen family members of	☐ Yes ☐ N	lo
5. 📙	Merger or stock acquisition.		40				-
6.	Partial interest transfer. Was les	ss than 100 percent of the	10.		corded to substitute a truste mortgage, or other similar	е	
	property transferred? If yes, indic	•		document?	3.3.7	☐ Yes ☐ N	lo
	transferred %.		10	Was this document re	corded to create, assign,		
7.	Foreclosure or trustee sale.		10.		s interest in this property?	☐ Yes ☐ N	lo
8. 🗆	Gift.		20.		n transferred to a trust? Revocable Irrevocab	☐ Yes ☐ N	lo
9.	Life estate.		21.	If the trust is irrevocab	ole, is the transferor or the		
				transferor's spouse or	registered domestic	☐ Yes ☐ N	lo
10. 🗀	Reconveyance (pay-off).			partner the sole prese	ent beneficiary?		
11.	Creation or assignment of a lea	350.	22.	Does this property rev	vert to the transferor in		
т. Ш	oreation or assignment of a lea	(date)		12 years or less? (Clif		☐ Yes ☐ N	ю
12.	Termination of a lease:	. ,		If you answered no	to 21 or 22, attach a copy o	of the trust	
		(date)		agreement.	or, attaon a copy (

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION (Complete each		,							
1.					-					
			Parcel number: Effective transfer date:							
3.	· · · · · · · · · · · · · · · · · · ·									
4. Closing 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 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 .	 b. If no, please explain in Section D how the purchase price was determined. 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 Moveable equipment									
D.										
		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							

