EF-502-G-R05-1111-11000806-1 BOE-502-G (P1) REV. 5 (11-11)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

Glenn County Assessor/Clerk/Recorder 516 W. SYCAMORE ST., 2ND FLOOR

WILLOWS, CA 95988 Phone: (530) 934-6402 FAX: (530) 934-6571

Sendy Perez

File this statement by:

			_			
BUYER/TRANSFEREE				RECORDING DATA		
MAILING ADDRESS			_	Date Recorded: Document Number:		
				Assessor's Identification Number:		
SELLER/TRANSFEROR			_	MB PG PCL		
MAH	INIC A	DDRESS		Phone Numbers:	. 02	
VIAIL	ING A	DURESS				
FIELD		LEASE	_	Buyer: () Seller: ()		
			_	Seller:		
The ass State that the 90 cotaxe but if the	law esse eme whe esta lays es ap not	RTANT NOTICE requires any transferee acquiring an interest in real property of 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 not are the change in ownership has occurred by reason of death te is probated, shall be filed at the time the inventory and apprifrom the date of a written request by the Assessor results in a applicable to the new base year value reflecting the change in own to exceed five thousand dollars (\$5,000) if the property is eligible operty is not eligible for the homeowners' exemption if that fail shall be collected like any other delinquent property taxes, and	ment reco the s aisal pena nersh ble follure t	with the County Recorder or Assessor. The Chandrded, within 90 days of the date of the change in or tatement shall be filed within 150 days after the dais filed. The failure to file a Change in Ownership lity of either: (1) one hundred dollars (\$100); or (2) hip of the real property or manufactured home, which the homeowners' exemption or twenty thousand to file was not willful. This penalty will be added to	ge in Ownership wnership, excep ate of death or, i Statement withir 10 percent of the chever is greater dollars (\$20,000	
		ANSFER INFORMATION (Check the appropriate boxes to indic			property.)	
1.		Purchase (complete Sections B and C on the reverse side).	13.	Was this transfer solely between husband and wife, addition of a spouse, divorce settlement, etc.?	☐ Yes ☐ No	
2.		Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes possession.		Was this transaction only a correction of the name(s) of persons or entities holding title to the property?	☐ Yes ☐ No	
3.		Inheritance. Transfer by will or intestate succession. Date of death	15.	If you hold title to this property as a joint tenant,		
		Relationship to deceased		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.		Life estate.	21.	If the trust is irrevocable, is the transferor or the transferor's spouse the sole present beneficiary?	☐ Yes ☐ No	
10.	_	Reconveyance (pay-off).	22.	Does this property revert to the transferor in 12 years or less? (Clifford Trust)	☐ Yes ☐ No	
		Creation or assignment of a lease:	If you answered no to 21 or 22, attach a copy of the trust agreement.			
12.	Ш	Termination of a lease:(date)		(Please complete the reverse side.)	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



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В.	PROPERTY INFORMATION (Complete each ite	• •	•					
	Seller's name and address:							
	Field 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 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				
			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.	 15. 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 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 							
	Terms: Total purchase price:		Cash to seller:					
	Production and/or conventional loan(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	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	EDERAL EMPLOYER ID NUMBER				
PRE	PARER'S NAME AND ADDRESS (typed or printed)		1	TITLE				
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS							

