EF-502-G-R05-1111-11000656-1 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 6403

Phone: (530) 934-6402 FAX: (530) 934-6571

(Please complete the reverse side.)

Sendy Perez

File this statement by:

BUYER/TRANSFEREE					RECORDING DATA					
MAILING ADDRESS					Date Recorded:					
					Document Number: Assessor's Identification Number:					
SELL	ER/TI	RANSFEROR		_	Asses			DOL		
						MB	PG	PCL		
MAIL	ING A	DDRESS				Numbers:				
		1,5405			Buyer:	()				
FIEL	D	LEASE	LEASE		Seller:					
				_	Sec:	Twi	o: Rr	na:		
The ass Startharthe 90 ctaxes but if the	Important Notice The law requires any transferee acquiring an interest in real property or manufactured home subject to local property taxation, and that is assessed by the county assessor, to file a Change in Ownership Statement with the County Recorder or Assessor. The Change in Ownership Statement must be filed at the time of recording or, if the transfer is not recorded, within 90 days of the date of the change in ownership, except that where the change in ownership has occurred by reason of death the statement shall be filed within 150 days after the date of death or, if the estate is probated, shall be filed at the time the inventory and appraisal is filed. The failure to file a Change in Ownership Statement within 90 days from the date of a written request by the Assessor results in a penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the taxes applicable to the new base year value reflecting the change in ownership of the real property or manufactured home, whichever is greater, but not to exceed five thousand dollars (\$5,000) if the property is eligible for the homeowners' exemption or twenty thousand dollars (\$20,000) if the property is not eligible for the homeowners' exemption if that failure to file was not willful. This penalty will be added to the assessment roll and shall be collected like any other delinquent property taxes, and be subject to the same penalties for nonpayment.									
		ANSFER INFORMATION (Check the a				•		e property.)		
1.		Purchase (complete Sections B and C o	n the reverse side).	13.		-	husband and wife,			
2		Land Sales Contract. A contract for the purchase of property			addition of a spou	se, divorce sett	lement, etc.?	∐ Yes ∐ No		
			hich the seller retains legal title to it after the buyer takes		Was this transacti name(s) of persor 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 trai	nsferor also a jo	int tenant?	☐ Yes ☐ No		
4.			de or exchange. The above described property has been led or exchanged for other real property or tangible personal		Was this transacti tenancy interest?	on the terminat	ion of a joint	☐ Yes ☐ No		
		property.		17.	Was this transfer	-	members or			
5.		Merger or stock acquisition.			related businesse	5?		☐ Yes ☐ No		
6.		Partial interest transfer. Was less than property transferred? If yes, indicate the transferred %.		18.	Was this documer under a deed of tr document?			☐ Yes ☐ No		
7.		Foreclosure or trustee sale.		19.	Was this documer or terminate a len		-	☐ Yes ☐ No		
8.		Gift.		20.	Has this property If yes , is the trus		d to a trust? le Irrevocable	☐ Yes ☐ No		
9.		Life estate.		21.	If the trust is irrevo			☐ Yes ☐ No		
		Reconveyance (pay-off).			Does this property revert to the tran 12 years or less? (Clifford Trust)		ansferor in	☐ Yes ☐ No		
11.	Ш	Creation or assignment of a lease:	(date)		•	,	, attach a copy of t	the trust		
12.		Termination of a lease:	(uate)		agreement.	110 (0 21 01 22,	, апасн а сору от	แเซ แนงเ		
14.	-	remination of a lease;			J					

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)



EF-502-G-R05-1111-11000656

В.	PROPERTY INFORMATION (Complete each ite	• •	•							
	Seller's name and address:									
		name: 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 question 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						
			btu/mcf Average producing depth:							
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 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. 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 & equi		Moveable equi	pment						
D.	REMARKS (Please include below any additional									
		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	TITLE							
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									

