EF-502-G-R05-1111-15000800-1 BOE-502-G (P1) REV. 5 (11-11)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

EAN COUNTY CONTY Laura Avila
Kern County Assessor and Recorder

1115 Truxtun Avenue Bakersfield CA 93301-4639 (661) 868-3485

File this statement by:

			_			DECORDIN	NO DATA			
BUYER/TRANSFEREE						RECORDIN				
MAILING ADDRESS SELLER/TRANSFEROR						ded:				
					Document Number: Assessor's Identification Number:					
				AS	ssessor s	MB	PG	PCL		
MAILING	ADDRESS			Pho	ne Numb				-	
MAILING ADDRESS										
FIELD	LEASE			Buy	er:)				
IMPO	ORTANT NOTICE			Sec	:	Twp:	Rno	g:		
Statem that wh the est 90 days taxes a but not if the p	ed by the county assessor, to file a Clent must be filed at the time of recording the change in ownership has occur is probated, shall be filed at the time of from the date of a written request by pplicable to the new base year value roto exceed five thousand dollars (\$5,0 roperty is not eligible for the homeow it shall be collected like any other deligible.	ing or, if the transfer is not urred by reason of death ne the inventory and appr the Assessor results in a eflecting the change in ow 00) if the property is eligil ners' exemption if that fai	t reco the staisal pena nersh ble for	rded, within 90 tatement shall is filed. The falty of either: (1 ip of the real proteements) the homeown of file was not we shall be seen to the file was not we shall be seen to the file was not we shall be seen to the file was not we shall be well as the file was not we shall be seen to the file was not we shall be seen to the file was not we shall be seen to the file was not we shall be seen to the file was not we shall be seen to the file was not we shall be seen to the file we shall be seen to the fi	days of be filed value to file be one hund roperty oners' exer willful. Ti	the date of the chewithin 150 days at the control of the control o	hange in ow after the dar Ownership S 00); or (2) 1 nome, which thousand co e added to	nership te of dea statemer 0 percei never is dollars (S	e, except ath or, if nt within nt of the greater, \$20,000)	
A. TF	RANSFER INFORMATION (Check the	appropriate boxes to indic	cate ti	he method by	which you	u acquired an inte	erest in the	property	<i>(.)</i>	
1.	Purchase (complete Sections B and C	on the reverse side).	13.	Was this trans	fer solely	between husband	d and wife,			
2 L	and Sales Contract. A contract for the purchase of property			addition of a s	pouse, div	vorce settlement, e	etc.?	☐ Yes	☐ No	
2. 🗀	in which the seller retains legal title to i possession.		14.			ly a correction of the correct		☐ Yes	□ No	
3.	Inheritance. Transfer by will or intestate succession.		15		to this pr	conarty as a joint to	onant			
	Date of death		15.		old title to this property as a joint tenant, eller or transferor also a joint tenant?			☐ Yes ☐	□No	
	Relationship to deceased		40			•				
4.	Trade or exchange. The above descritraded or exchanged for other real properties.		16.	tenancy intere		e termination of a j	oint	Yes	☐ No	
	property.		17.			en family member	's or			
5.	Merger or stock acquisition.			related busine	sses?			☐ Yes	☐ No	
6.	Partial interest transfer. Was less that property transferred? If yes, indicate the		18.			orded to substitute nortgage, or other		☐ Yes	□ No	
	transferred %.		19.	Was this docu	ment reco	orded to create, as	ssign,			
7.	Foreclosure or trustee sale.					nterest in this prop	-	☐ Yes	☐ No	
8.	Gift.		20.			transferred to a tru Revocable		Yes	☐ No	
9.	Life estate.		21.			e, is the transferor sole present bene		☐ Yes	□ No	
10.	Reconveyance (pay-off).		22.	·	perty reve	rt to the transferor	•	☐ Yes		
11. 🗀	Creation or assignment of a lease:	(dota)		-			0 00n: of 4			
12.	Termination of a lease:	(date)		agreement.		21 or 22, attach		e trust		
		(date)	(Please complete the reverse side.)							

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



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В.	PROPERTY INFORMATION (Complete each item as it	applies to this transaction	1.)							
1.	Seller's name and address:									
2.	Field name: Lease n	eld name: Lease name:								
3.	Date sales agreement or letter of intent signed:		Effective transfer date:	ective transfer date:						
4.	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 us	sed in connection with th	e transaction:							
7	Interest acquired (please report decimal fractions out of total; e.g., 0.875 out of 1.000).									
	Revenue interest: Working interest			percentages:						
8.	Number of wells: Producing Inje	ection	All idle	Other						
9.	Productive acres in the parcel:	То	tal acres in the parcel:							
10.	Production rates at acquisition: Oil	b/d Gas	mcf/d Wat	erb/d						
11.	Price received for oil and gas at acquisition: Oil		\$/b Gas	\$/mcf						
	Oil gravity:API Gas:									
	Proved reserves: Developed: Oil									
	Undeveloped: Oil		bbl Gas	mcf						
14.	Were appraisals, evaluations, cash flow projections or other									
15.	most relied upon in establishing the purchase price. b. If no , please explain in Section D how the purchase p Please enclose a copy of the following: a. The sales agreement or contract including all exhibits agreements.	ements or contracts, such as loan								
	 A complete listing of all assets acquired and liabilities wells and related equipment, separately. 	assumed in the acquisiti	on, if not included in item 15a. I	Please list each lease, including						
C.	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):	Amount(s	3):	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.)									
		CERTIFICATION								
Par	tnership including any accompanying state poration declaration is binding on each	ements or documents, is tr	rue, correct and complete to the be	foregoing and all information hereon, est of my knowledge and belief. This						
NAM	TE OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)		TITLE							
SIGN	NATURE OF ASSESSEE OR AUTHORIZED AGENT	DATE	DATE							
NAM	ME OF ENTITY (typed or printed)	FEDERAL	FEDERAL EMPLOYER ID NUMBER							
PRE	PARER'S NAME AND ADDRESS (typed or printed)	TITLE								
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS		1							

