EF-502-G-R06-0516-17000709-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Richard Ford County Assessor-Recorder

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

Fax: 707-263-3703

BUY	R/TP	RANSFEREE		RECORDING DATA		
2016	-17/117	UNO LILE		Date Recorded:		
MAIL	ING A	DDRESS		Document Number:		
				Assessor's Identification Number:		
SELL	ER/T	RANSFEROR		MB PG	PCL	
NAAII	INIC A	ADDRESS		Phone Numbers:	-	
IVIAIL	ING A	IDDRESS				
FIELI)	LEASE		Buyer: () Seller: ()		
IM	PO	RTANT NOTICE		Sec: Twp: Rr	ng:	
State that the 90 contact taxed but if the state the sta	eme whe esta lays es ap not e pr	ed by the county assessor, to file a Change in Ownership State on the must be filed at the time of recording or, if the transfer is no ere the change in ownership has occurred by reason of death at it is probated, shall be filed at the time the inventory and apply from the date of a written request by the Assessor results in a applicable to the new base year value reflecting the change in ow to exceed five thousand dollars (\$5,000) if the property is eligitated by the change in the change in ow to exceed five thousand dollars (\$5,000) if the property is eligitated by the collected like any other delinquent property taxes, and	t reco the si aisal pena nersh ble foi	rded, within 90 days of the date of the change in or tatement shall be filed within 150 days after the da is filed. The failure to file a Change in Ownership Ity of either: (1) one hundred dollars (\$100); or (2) tip of the real property or manufactured home, which the homeowners' exemption or twenty thousand of file was not willful. This penalty will be added to	wnership, excep ate of death or, i Statement within 10 percent of the chever is greaten dollars (\$20,000	
		ANSFER INFORMATION (Check the appropriate boxes to indi			property.)	
1.		Purchase (complete Sections B and C on the reverse side).	13.	Was this transfer/addition solely between spouses		
				or registered domestic partners, divorce settlement,	☐ Yes ☐ No	
۷.				etc.?		
				Was this transaction only a correction of the		
3		Inheritance. Transfer by will or intestate succession. Date of death Relationship to deceased		name(s) of persons or entities holding title?	☐ Yes ☐ N	
٥.				If you hold title to this property as a joint tenant,		
				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 property.		Was this transaction the termination of a joint		
•••	_			tenancy interest?	☐ Yes ☐ No	
				Was this transfer between family members or		
5.		Merger or stock acquisition.		related businesses?	∐ Yes ∐ No	
			18.	Was this document recorded to substitute a trustee		
6.	Ш	Partial interest transfer. Was less than 100 percent of the		under a deed of trust, mortgage, or other similar		
		property transferred? If yes , indicate the percentage transferred %.		document?	∐ Yes ∐ No	
	_		19.	Was this document recorded to create, assign,		
7.		Foreclosure or trustee sale.		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.		If the trust is irrevocable, is the transferor or the		
		Reconveyance (pay-off).		transferor's spouse or registered domestic	☐ Yes ☐ No	
10.	Ш			partner the sole present beneficiary?		
11		Creation or assignment of a lease:		Does this property revert to the transferor in		
11.	Ш			12 years or less? (Clifford Trust)	☐ Yes ☐ N	
		• /				

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

agreement.

(date)



EF-502-G-R06-0516-17000709

B. ₁	PROPERTY INFORMATION (C	•	• •	,					
		Seller's name and address:							
	•	•		document: Number: Date:					
5. Name, address and phone number of person with purchasing firm who is familiar with the transaction and would be available to a relative to the transaction:									
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 inte	rest:	Other working interest owners & percentages:					
8.	Number of wells: Producing		Injection	All idle					
9.	Productive acres in the parcel: _			_ Total acres in the parcel:					
10.	Production rates at acquisition:	Oil	b/d Gas	mcf/c	Water	b/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: Develop	oed: Oil		bbl Gas		mcf			
	Undevelop	oed: Oil ———		bbl Gas —		mcf			
14.	Were appraisals, evaluations, ca	ash flow projections o	or other analyses made	e to assist in establishing a purc	chase price? 🗌 Yes 🔲 I	No			
 a. The sales agreement or contract including all exhibits and amendments thereto, as well as other related agreements or contract agreements. b. A complete listing of all assets acquired and liabilities assumed in the acquisition, if not included in item 15a. Please list each lea 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								
		` '		. ,	Interest rate(s)				
	Source(s) of financing (bank, seller, etc.): Moveable equipment								
D.	REMARKS (Please include belo		ssessor.)						
	_		CERTIFICA	TION					
_	OWNERSHIP TYPE	/ (or declare) under ne		e laws of the State of California th	nat the foregoing and all inform	nation hereon			
Part Cor	tnership includii	ng any accompanying		ts, is true, correct and complete t					
NAM	E OF ASSESSEE OR AUTHORIZED AGEN	Γ (typed or printed)		Tr	ΓLE				
SIGN	NATURE OF ASSESSEE OR AUTHORIZED	AGENT		DA	TE				
NAM	E OF ENTITY (typed or printed)			FE	DERAL EMPLOYER ID NUMBER				
PRE	PARER'S NAME AND ADDRESS (typed or p	rinted)	TI	TITLE					
DAY	TIME TELEPHONE NUMBER E-	MAIL ADDRESS		l .					

