EF-502-G-R06-0516-20000581-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

DERA COUL

Madera County Assessor 200 West 4th Street Madera, CA 93637-3548

Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

Brett Frazier

www.maderacounty.com/government/assessor

File this statement by:

BUYER/TRANSFEREE			RECORDING DATA					
MAILING ADDRESS								
WILLING ABBITEOU					er:			
SELLER/TRANSFEROR			Asses		fication Number: MB PG		PCL	
MAILING ADDRESS			Phone N	Numbers:	10			
WAILING ADDICESS								
FIELD	LEASE		Buyer: . Seller:	()				
IMPORTANT NOTICE		_			Гwp:			
The law requires any trans assessed by the county as: Statement must be filed at that where the change in or the estate is probated, shal 90 days from the date of a taxes applicable to the new but not to exceed five thous if the property is not eligibl	feree acquiring an interest in real properts sessor, to file a Change in Ownership State the time of recording or, if the transfer is nownership has occurred by reason of death I be filed at the time the inventory and approperation of the Assessor results in a base year value reflecting the change in owns and dollars (\$5,000) if the property is eliging to the homeowners' exemption if that fair	ement of record the st raisal if a penal nersh ble for ilure to	with the County R rded, within 90 day tatement shall be is filed. The failur Ity of either: (1) on ip of the real proper the homeowners of file was not willf	Recorder or ys of the da filed within e to file a C ne hundred erty or man ' exemptior ul. This pe	Assessor. The of the of the change 150 days after thange in Owners dollars (\$100); oufactured home, nor twenty thous nalty will be add	Change in owner the date o ship State or (2) 10 po whicheves and dollated to the	n Owing the owner of dealer of the owner of the owner of the owner of the owner owne	nership except th or, if t within it of the greater, 20,000)
	ike any other delinquent property taxes, an ATION (Check the appropriate boxes to indi			•			perty.)
1. Purchase (complete	e Sections B and C on the reverse side).	13.	Was this transfer/a		•			
	ct. A contract for the purchase of property etains legal title to it after the buyer takes		or registered dome etc.?	estic partner	s, divorce settlem	nent, L	Yes	∐ No
possession.	,	14.	Was this transacti name(s) of person				Yes	☐ No
	Inheritance. Transfer by will or intestate succession.		If you hold title to t		•		103	
	oppod	13.	is the seller or tran		-		Yes	☐ No
4. Trade or exchange	Relationship to deceased Trade or exchange. The above described property has been traded or exchanged for other real property or tangible persona		Was this transaction tenancy interest?	on the termi	nation of a joint		Yes	☐ No
property.	a for other real property of tallglole personal	17.	Was this transfer b	oetween fam	nily members or			
5. Merger or stock ac	equisition.		related businesses	s?			Yes	☐ No
property transferred	nsfer. Was less than 100 percent of the ? If yes, indicate the percentage	18.	Was this document under a deed of tradocument?			r	Yes	☐ No
transferred	%. stee sale.	19.	Was this document		•		Yes	☐ No
8. Gift.		20.	Has this property I		erred to a trust?		Yes	☐ No
9. Life estate.		21.	If the trust is irrevo				Yes	☐ No
10. Reconveyance (pa	y-off).		partner the sole pr	_				
11. Creation or assign	ment of a lease:	22.	Does this property 12 years or less?				Yes	☐ No
12. Termination of a le	ase:		If you answered agreement.	no to 21 or	22, attach a cop	y of the tr	rust	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION (Complete each item as it	applies to this transaction	1.)							
1.	Seller's name and address:									
2.	Field name: Lease n	ame:	Parcel number:							
3.	Date sales agreement or letter of intent signed:		Effective transfer date:	transfer date:						
4.	Closing date: Re	e: 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 us	sed in connection with th	e transaction:							
7	Interest acquired (please report decimal fractions out of t	otal: e.a. 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									
most relied upon in establishing the purchase price. b. If no , please explain in Section D how the purchase price was determined. 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, sagreements.										
	 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							

