EF-502-G-R06-0516-30000415-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Claude Parrish Orange County Assessor

500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512 or P.O. Box 22000 Santa Ana, CA 92702-2000 (714) 834-3775 www.ocassessor.gov

BUYER/TRANSFEREE				RECORDING DATA			
MAILING ADDRESS				Date Recorded:			
					nber:		
SELLER/TRANSFEROR				Assessor's Identification Number: MB PG PCL			
				Diama Niverbana		PCL	
MAILING ADDRESS				Phone Numbers			
FIELD LEASE			Buyer: ()				
FIELD	LEAS	DE		Seller: ()			
IMPC	ORTANT NOTICE		_	Sec:	_ Twp: Rr	ng:	
the esta 90 days taxes ap but not if the pr	ere the change in ownership has on the is probated, shall be filed at the is from the date of a written request pplicable to the new base year valuate to exceed five thousand dollars (\$ coperty is not eligible for the home is shall be collected like any other desired.	e time the inventory and appr t by the Assessor results in a te reflecting the change in own (5,000) if the property is eligible (bowners' exemption if that fail	aisal i pena nersh ole foi lure to	is filed. The failure to file a lty of either: (1) one hundre ip of the real property or m r the homeowners' exempt o file was not willful. This	t Change in Ownership ed dollars (\$100); or (2) anufactured home, whic ion or twenty thousand penalty will be added to	Statement 10 percer chever is dollars (\$	it within nt of the greater, \$20,000)
A. TR	ANSFER INFORMATION (Check	the appropriate boxes to indic	cate ti	he method by which you ac	equired an interest in the	property	:)
1. 🗌	Purchase (complete Sections B an	nd C on the reverse side).	13.	Was this transfer/addition s	olely between spouses		
2. 🗌	Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes			or registered domestic parti	ners, divorce settlement,	☐ Yes	☐ No
2. 🗀				etc.?			
	possession.		14.	Was this transaction only a			
3. 🗌	Inharitanca Transfer by will or intestate succession			name(s) of persons or entiti	es holding title?	☐ Yes	□ No
э. Ш	Inheritance. Transfer by will or intestate succession. Date of death		15.	If you hold title to this property as a joint tenan			_
	Relationship to deceased			is the seller or transferor als	so a joint tenant?	☐ Yes	☐ No
. \Box			16.	Was this transaction the ter	mination of a joint		
4. 📙	Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal property.			tenancy interest?	,	Yes	☐ No
			17	Was this transfer between f	amily members or		
- C	Manage an atomic annuinities			related businesses?	,	Yes	☐ No
5. 📙	Merger or stock acquisition.		18	Was this document recorde	d to substitute a trustee		
6.	Partial interest transfer. Was less than 100 percent of the		10.	under a deed of trust, mortgage, or other similar			
	property transferred? If yes, indicat	e the percentage		document?		Yes	☐ No
	transferred %.		19.	Was this document recorde	d to create, assign.		
7.	Foreclosure or trustee sale.			or terminate a lender's inter	•	Yes	☐ No
			20	Has this property been tran	eformed to a truet?	Yes	□ No
8.	Gift.		20.	If yes , is the trust: Rev		□ 162	
, \sqcap	Life estate		24				
9. 🗀	Life estate. Reconveyance (pay-off).		۷1.	If the trust is irrevocable, is transferor's shouse or regis		Voc	□ No
10.				transferor's spouse or registered domestic partner the sole present beneficiary?		□ 163	INU
11.	Creation or assignment of a lease	e:	22.	Does this property revert to			П.,
		(date)		12 years or less? (Clifford 7	rust)	∟ Yes	∐ No
12. 🗀	Termination of a lease:			If you answered no to 21	or 22, attach a copy of t	the trust	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

agreement.



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В.	PROPERTY INFORMATION (Complete each ite	• •	•							
	Seller's name and address:									
	Field name: Lease 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:							
13.	Proved reserves: Developed: Oil		bbl Gas	mcf						
	Undeveloped: Oil		bbl Gas	mcf						
14.	Were appraisals, evaluations, cash flow projection	Were appraisals, evaluations, cash flow projections or other analyses made to assist in establishing a purchase price? Yes No								
C.	 a. The sales agreement or contract including all agreements. b. A complete listing of all assets acquired and I wells and related equipment, separately. c. The allocation to your company books of the PURCHASE PRICE OR TRANSFER AMOUNT 	liabilities assumed in the action of the act	cquisition, if not included in ite							
	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	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									

