EF-502-G-R06-0516-31000180-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

Matthew R. Maynard Placer County Assessor

2980 Richardson Drive Auburn, CA 95603-2640 Phone: (530) 889-4300 Email: assessor@placer.ca

Phone: (530) 889-4300
Email: assessor@placer.ca.gov
Website: www.placer.ca.gov/assessor

BUYI	ER/TR	ANSFEREE		_		I	RECORDING	DATA		
					Date	Recorded: _				
MAIL	ING A	DDRESS			Docui	Document Number:				
SELL	ER/TF	RANSFEROR		_	Asses		cation Numbe			
						M	В Р	G	PCL	
MAIL	ING A	DDRESS		_		Numbers:				
FIELI	<u> </u>	1	EASE	_	Buyer:	()				
IM	PO	RTANT NOTICE		_	Sec:	Т	wp:	Rng	:	
State that the 90 contact taxe but if the roll	eme whe esta lays es ap not the pro and	nt must be filed at the time of re ere the change in ownership hat te is probated, shall be filed at from the date of a written requi- plicable to the new base year vi- to exceed five thousand dollars operty is not eligible for the ho- shall be collected like any othe	le a Change in Ownership States ecording or, if the transfer is not as occurred by reason of death the time the inventory and appraest by the Assessor results in a alue reflecting the change in owns (\$5,000) if the property is eligible meowners' exemption if that failer delinquent property taxes, and	reco the si aisal pena nersh ble fol lure to d be s	orded, within 90 da tatement shall be is filed. The failur alty of either: (1) or alth of the real proper the homeowners of file was not willf subject to the sam	ys of the dat filed within te to file a Ch ne hundred derty or manu derty or manu dexemption ful. This per e penalties f	te of the chan 150 days afte nange in Own dollars (\$100) ifactured hom or twenty the latty will be actor nonpayme	ge in own r the date ership St; or (2) 10 e, which busand dedded to the tent.	nership, except e of death or, if eatement within percent of the ever is greater, ollars (\$20,000) he assessment	
Α.	TR	ANSFER INFORMATION (Che	ck the appropriate boxes to indic	cate t	he method by whi	ch you acqui	ired an interes	st in the p	property.)	
1.		Purchase (complete Sections B and C on the reverse side).			. Was this transfer/		, ,			
2.		in which the seller retains legal title to it after the buyer takes possession.			or registered domestic partners, divor etc.?			,	☐ Yes ☐ No	
2				14.	. Was this transact name(s) of persor	•		'	☐ Yes ☐ No	
3.	Ш			15.	If you hold title to is the seller or train		-		☐ Yes ☐ No	
4.		Trade or exchange. The above traded or exchanged for other re	he above described property has been or other real property or tangible personal		Was this transacti tenancy interest?		•		☐ Yes ☐ No	
	_	property.		17.	Was this transfer between family memberelated businesses?		ily members or		☐ Yes ☐ No	
5.	Ш	Merger or stock acquisition.	erger or stock acquisition.						⊔ 169 □ INO	
6.		property transferred? If yes, indi-	interest transfer. Was less than 100 percent of the ty transferred? If yes, indicate the percentage erred%. osure or trustee sale.		Was this document under a deed of to document?			ilar	☐ Yes ☐ No	
7.		Foreclosure or trustee sale.			. Was this documer or terminate a len				☐ Yes ☐ No	
8.		Gift.		20.	. Has this property If yes , is the trus				☐ Yes ☐ No	
9.		Life estate.		21.	. If the trust is irreve	ocable, is the	transferor or t	he	☐ Yes ☐ No	
10.		Reconveyance (pay-off).			transferor's spouse or registered domestic partner the sole present beneficiary?					
11.		Creation or assignment of a lease:		22.	Does this property 12 years or less?				☐ Yes ☐ No	
12.		Termination of a lease:			If you answered agreement.	If you answered no to 21 or 22, attach a copy of the trust agreement.				

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



EF-502-G-R06-0516-31000180

B. ₁	PROPERTY INFORMATION (C	•	• •	,					
	Seller's name and address:			Parcel number:					
		te sales agreement or letter of intent signed:							
	•	•							
	 4. Closing date: Date: Date: Date:								
6.	Name, address, and phone num	nber of any consultan	ts used in connection	with the transaction:					
7.	Interest acquired (please report	decimal fractions out	f of total; e.g., 0.875 ou	at of 1.000).					
	Revenue interest:	Working inte	rest:	Other working interest own	ers & 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 producing 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 contracts, s 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, 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								
	Source(s) of financing (bank, se	` '		. ,	Interest rate(s)				
		ment							
D.	Purchase price allocated to: Fixed plant & equipment: Moveable equipment REMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of the Assessor.)								
	_		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 .					

