EF-502-G-R05-1111-34000774-1 BOE-502-G (P1) REV. 5 (11-11)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

OF SACRAMAN ALTROPORT

File this statement by:

CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

PROPERTY TRANSFER SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0750 FAX (916) 875-0755 https://assessor.saccounty.gov

BUYE	R/TR	ANSFEREE				RECORDING DATA					
					Dat	te Re	ecorded:				_
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051.		ANICEFOOD		Ass	sesso	or's Identific	cation Num	nber:			
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assetthate the second taxes the second t	esse teme whe esta lays es ap not e pro and	d by the county assessor, to nt must be filed at the time of the the change in ownership I te is probated, shall be filed a from the date of a written req plicable to the new base year to exceed five thousand dolla operty is not eligible for the h shall be collected like any other.	uiring an interest in real property file a Change in Ownership State recording or, if the transfer is no has occurred by reason of death at the time the inventory and appruest by the Assessor results in a value reflecting the change in ow rs (\$5,000) if the property is eligil omeowners' exemption if that fainer delinquent property taxes, an	ement t reco the s raisal pena nersh ble for ilure to d be s	with the Count rded, within 90 tatement shall I is filed. The failty of either: (1) ip of the real prometer the homeowned file was not would be said to the said t	y Red days be fill lure d one oper ers' e villful ame	corder or A s of the dat ed within of to file a Ch hundred of ty or manu exemption . This pen penalties f	Assessor. e of the ch 150 days a lange in Ou lollars (\$10 factured he or twenty to alty will be or nonpay	The Chan ange in over fter the date whership \$ 500); or (2) from the come, whice thousand to added to ment.	ge in Owners vnership, excute of death of Statement with 10 percent of hever is greadollars (\$20,0 the assessm	ship cept or, if thin f the ater, 000)
A.	TR	ANSFER INFORMATION (Ch	eck the appropriate boxes to indi	cate t	he method by w	hich	you acqui	red an inte	rest in the	property.)	
	_	Purchase (complete Sections	,	13.	Was this transfe addition of a sp		-			☐ Yes ☐	No
۷.		and Sales Contract. A contract for the purchase of property which the seller retains legal title to it after the buyer takes assession.		14.	Was this transa name(s) of pers the property?					☐ Yes ☐	No
3.	Ш	Inheritance. Transfer by will or intestate succession.		15	If you hold title to	to thi	this property as a joint tenant,	enant			
		Date of death Relationship to deceased			•	er or transferor also a j		-	•	☐ Yes ☐	No
4.		traded or exchanged for other	exchange. The above described property has been exchanged for other real property or tangible personal		Was this transatenancy interes		the termin	ation of a jo	oint	☐ Yes ☐	No
		property.			Was this transfer between family			ly members	s or		١.,
5.		Merger or stock acquisition.			related busines	ses?				☐ Yes ☐	No
6.		Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage		18.	Was this docun under a deed o document?					☐ Yes ☐	No
7.		transferred %. Foreclosure or trustee sale.		19.	Was this docum or terminate a l				•	☐ Yes ☐	No
8.		Gift.		20.	Has this proper If yes , is the tr					☐ Yes ☐	No
9.		Life estate.	e estate.		If the trust is irretransferor's spo					☐ Yes ☐	No
10.	_	Reconveyance (pay-off).		22.	Does this prope	•			in	☐ Yes ☐	No
11.	Ш	Creation or assignment of a	lease: (date)		If you answer				a copy of t		
12.		Termination of a lease:			agreement.						
			(date)		(F	Pleas	se complet	te the reve	erse side)	1	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



EF-502-G-R05-1111-34000774

В.	PROPERTY INFORMATION (Complete each item as i	t applies to this tran	isaction.)							
1.	Seller's name and address:									
			Parcel number:							
3.			Effective transfer date:							
4.	Closing date: I	Recording documer	nt: Number:	Date:						
5. Name, address and phone number of person with purchasing firm who is familiar with the transaction and would be available to answelative 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	-	ŕ	owners & percentages:						
8.	Number of wells: Producing In	ijection	All idle							
	Productive acres in the parcel:									
	Production rates at acquisition: Oil									
	Price received for oil and gas at acquisition: Oil									
12.	Oil gravity:API Gas:		btu/mcf Average produ	icing depth:	ft					
13.	Proved reserves: Developed: Oil		bbl Gas		mcf					
	Undeveloped: Oil		bbl Gas		mcf					
14.	Were appraisals, evaluations, cash flow projections or other analyses made to assist in establishing a purchase price? Ves No									
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, such as loan agreements.									
	 A complete listing of all assets acquired and liabilities assumed in the acquisition, if not included in item 15a. Please list each lease, including wells and related equipment, separately. 									
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):	An	nount(s):	Interest rate(s):						
	Source(s) of financing (bank, seller, etc.):									
	Purchase price allocated to: Fixed plant & equipment:		Moveable eq	•						
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							
	OWNERSHIP TYPE				,					
Pari Cor	SHELOISHIP -	atements or documer	nts, is true, correct and comple	a that the foregoing and all information te to the best of my knowledge and beli						
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)			TITLE						
SIGN	IATURE OF ASSESSEE OR AUTHORIZED AGENT		DATE							
NAM	E OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUMBER	ID NUMBER					
PRE	PARER'S NAME AND ADDRESS (typed or printed)			TITLE						
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS									

