EF-502-G-R05-1111-36000873-1 BOE-502-G (P1) REV. 5 (11-11)

## **CHANGE IN OWNERSHIP STATEMENT**

**OIL AND GAS PROPERTY** 

File this statement by:

## **Josie Gonzales Assessor-Recorder-County Clerk**

San Bernardino County 222 W. Hospitality Lane, 4th Floor San Bernardino, CA 92415-0311 arc.sbcounty.gov 909-387-8307 or 1-877-885-7654

BUYI	ER/TR	ANSFEREE	_	RECORDING DATA				
				Date Recorded:				
MAIL	ING A	DDRESS		Document Number:				
				Assessor's Identification Number:				
SELLER/TRANSFEROR				MB PG PCL				
MAILING ADDRESS				Phone Numbers:				
				Buyer: ( )				
FIELD LEASE								
				Seller: ( )				
IMPORTANT NOTICE				Sec: Twp: Rng:				
State that the staxe	teme who esta lays es ap not	ent must be filed at the time of recording or, if the transfer is not ere the change in ownership has occurred by reason of death te is probated, shall be filed at the time the inventory and approperson the date of a written request by the Assessor results in a oplicable to the new base year value reflecting the change in own to exceed five thousand dollars (\$5,000) if the property is eligited.	reco the s aisal pena nersh le fo ure t	with the County Recorder or Assessor. The Change in Ownership orded, within 90 days of the date of the change in ownership, except tatement shall be filed within 150 days after the date of death or, if is filed. The failure to file a Change in Ownership Statement within alty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the hip of the real property or manufactured home, whichever is greater, or the homeowners' exemption or twenty thousand dollars (\$20,000) of file was not willful. This penalty will be added to the assessment subject to the same penalties for nonpayment.				
۵.	TR	ANSFER INFORMATION (Check the appropriate boxes to indic	ate t	he method by which you acquired an interest in the property.)				
1.		Purchase (complete Sections B and C on the reverse side).	13.	Was this transfer solely between husband and wife,				
2		Land Sales Contract. A contract for the purchase of property		addition of a spouse, divorce settlement, etc.?				
۷.		in which the seller retains legal title to it after the buyer takes possession.	14.	Was this transaction only a correction of the name(s) of persons or entities holding title to the property?				
3.		Inheritance. Transfer by will or intestate succession.		If you hold title to this property as a joint tenant,				
		Date of death	13.	is the seller or transferor also a joint tenant?  Yes No				
		Relationship to deceased						
4.		<b>Trade or exchange.</b> The above described property has been traded or exchanged for other real property or tangible personal	16.	Was this transaction the termination of a joint tenancy interest?  Yes No				
		property.	17.	Was this transfer between family members or				
5.		Merger or stock acquisition.		related businesses?				
6.		Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage	18.	Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?				
		transferred %.	19.	Was this document recorded to create, assign,				
7.		Foreclosure or trustee sale.		or terminate a lender's interest in this property? $\ \square$ Yes $\ \square$ No				
8.		Gift.	20.	Has this property been transferred to a trust?  If <b>yes</b> , is the trust: Revocable Irrevocable				
9.		Life estate.	21.	If the trust is irrevocable, is the transferor or the transferor's spouse the sole present beneficiary?				
10.		Reconveyance (pay-off).	22.	Does this property revert to the transferor in  12 years or less? (Clifford Trust)  Yes No				
11.	Ш	Creation or assignment of a lease:	If you answered no to 21 or 22, attach a copy of the trust					
12. 🗆		Termination of a lease:		agreement.				
(date)				(Please complete the reverse side.)				

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION (Complete each item as i	t applies to this tran	isaction.)				
1.	Seller's name and address:						
			Parcel number: Effective transfer date:				
3.							
4.	Closing date: I	Date:					
5. Name, address and phone number of person with purchasing firm who is familiar with the transaction and would be available to answer relative to the transaction:							
6.	ame, 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: Other working interest 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 producing depth:				
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?   Yes  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.						
	<ul> <li>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.</li> </ul>						
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 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				
	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			
PRE	PARER'S NAME AND ADDRESS (typed or printed)			TITLE			
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS						

