EF-502-G-R06-0516-36000847-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

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

Josie Gonzales

File this statement by:

BUYER/TRANSFEREE			RECORDING DATA	RECORDING DATA			
JO I LIVI			Date Recorded:				
MAILING ADDRESS			Document Number:				
			Assessor's Identification Number:				
SELLER/TRANSFEROR			MB PG	PCL			
MAIL INC	ADDRESS		Phone Numbers:				
MAILING	ADDRESS						
FIELD	LEASE		Buyer: () Seller: ()				
IMPORTANT NOTICE			Sec: Twp: Rr	າg:			
Statem that wh the est 90 days taxes a but not if the p	ed by the county assessor, to file a Change in Ownership Statent must be filed at the time of recording or, if the transfer is nere the change in ownership has occurred by reason of deat at is probated, shall be filed at the time the inventory and appears from the date of a written request by the Assessor results in applicable to the new base year value reflecting the change in out to exceed five thousand dollars (\$5,000) if the property is eligated to the ligible for the homeowners' exemption if that fat shall be collected like any other delinquent property taxes, a	ot reco h the s oraisal a pena wnersh jible fo ailure t	orded, within 90 days of the date of the change in o tatement shall be filed within 150 days after the dis filed. The failure to file a Change in Ownership alty of either: (1) one hundred dollars (\$100); or (2) hip of the real property or manufactured home, which the homeowners' exemption or twenty thousand of file was not willful. This penalty will be added to	wnership, except ate of death or, if Statement within 10 percent of the chever is greater, dollars (\$20,000)			
	RANSFER INFORMATION (Check the appropriate boxes to inc			property.)			
1.	Purchase (complete Sections B and C on the reverse side).	13.	. Was this transfer/addition solely between spouses	☐ Yes ☐ No			
2.	Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes possession.		or registered domestic partners, divorce settlement,				
		14.	. Was this transaction only a correction of the name(s) of persons or entities holding title?	☐ Yes ☐ No			
3	Inheritance. Transfer by will or intestate succession.	15.	. If you hold title to this property as a joint tenant,				
	Date of death Relationship to deceased	•	is the seller or transferor also a joint tenant?	☐ Yes ☐ No			
4.	1	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?	☐ Yes ☐ No			
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?	☐ Yes ☐ No			
<u> </u>	transferred %.	19.	. Was this document recorded to create, assign, or terminate a lender's interest in this property?	☐ Yes ☐ No			
/. L	Foreclosure or trustee sale.	20	. Has this property been transferred to a trust?	Yes No			
8	Gift.		If yes , is the trust: Revocable Irrevocable				
9.	Life estate.	21.	. If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic	☐ Yes ☐ No			
10.	Reconveyance (pay-off).		partner the sole present beneficiary?	□ 169 □ INO			
11.	Creation or assignment of a lease:	22.	. Does this property revert to the transferor in 12 years or less? (Clifford Trust)	☐ Yes ☐ No			
12.	Termination of a lease:		If you answered no to 21 or 22, attach a copy of agreement.	he trust			

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION (Complete each item as it applies to this transaction.)							
	Seller's name and address:							
	Field 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: 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? Yes No							
C.	 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. b. 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. 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):							
	Source(s) of financing (bank, seller, etc.):			. ,				
	Purchase price allocated to: Fixed plant & equipment: Moveable equipment							
D.								
		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	ITLE					
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT				DATE				
NAM	E OF ENTITY (typed or printed)		F	EDERAL EMPLOYER ID NUMBER				
PRE	PARER'S NAME AND ADDRESS (typed or printed)		1	TITLE				
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS							

