EF-502-G-R05-1111-42000739-1 BOE-502-G (P1) REV. 5 (11-11)

## CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY



County Clerk, Recorder and Assessor P.O. Box 159, Santa Barbara, CA 93102-0159 Santa Barbara (805) 568-2550

Joseph E. Holland

Santa Maria (805) 346-8310

(Please complete the reverse side.)

File this statement by:

BUYER/TRANSFEREE				RECORDING DATA			
MAILING	ADDRESS			Date Recorded:			
	15511200			Document Number:			
SELLER/T	RANSFEROR			Assessor's Identification Number:  MB PG	PCL		
				Phone Numbers:	FOL		
MAILING	ADDRESS						
FIELD		LEASE		Buyer: ( ) Seller: ( )			
				Seller: ( )			
IMPORTANT NOTICE				Sec: Twp:	Rng:		
that wh the esta 90 days taxes a but not if the pr	tere the change in ownership ate is probated, shall be filed a from the date of a written recephicable to the new base year to exceed five thousand dollar operty is not eligible for the l	has occurred by reason of death at the time the inventory and appropriate the time the inventory and appropriate the time the Assessor results in a realue reflecting the change in owars (\$5,000) if the property is eliginomeowners' exemption if that fair	the siraisal pena rolersh ble for the following the following to the following the following the sirain the sirain penal rolersh ble following the sirain penal rolersh ble following the sirain penal rolersh ble sirain penal rolersh ble following the sirain penal rolersh ble sirain penal rolersh	orded, within 90 days of the date of the change in tatement shall be filed within 150 days after the is filed. The failure to file a Change in Ownershalty of either: (1) one hundred dollars (\$100); or (nip of the real property or manufactured home, wire the homeowners' exemption or twenty thousand file was not willful. This penalty will be added subject to the same penalties for nonpayment.	date of death or, ip Statement with 2) 10 percent of th hichever is greate and dollars (\$20,00		
A. TR	RANSFER INFORMATION (C	heck the appropriate boxes to indi	cate t	the method by which you acquired an interest in a	he property.)		
1.	Purchase (complete Sections	·	13.	. Was this transfer solely between husband and wife addition of a spouse, divorce settlement, etc.?	e, Yes   N		
2. 🗆		act for the purchase of property all title to it after the buyer takes	14.	. Was this transaction only a correction of the name(s) of persons or entities holding title to the property?	☐ Yes ☐ N		
3. 📙	Inheritance. Transfer by will on Date of death	or intestate succession.	15.	. If you hold title to this property as a joint tenant,			
	Relationship to deceased			is the seller or transferor also a joint tenant?	☐ Yes ☐ N		
4.		ve described property has been real property or tangible personal	16.	. Was this transaction the termination of a joint tenancy interest?	☐ Yes ☐ N		
	property.		17.	. Was this transfer between family members or			
5.	Merger or stock acquisition			related businesses?	☐ Yes ☐ N		
6.	Partial interest transfer. Was property transferred? If yes, in transferred %.	s less than 100 percent of the ndicate the percentage	18.	. Was this document recorded to substitute a truste under a deed of trust, mortgage, or other similar document?	e 🗌 Yes 🔲 N		
7.	Foreclosure or trustee sale.		19.	. Was this document recorded to create, assign, or terminate a lender's interest in this property?	☐ Yes ☐ N		
8.	Gift.		20.	. Has this property been transferred to a trust?  If <b>yes</b> , is the trust: Revocable Irrevocab	☐ Yes ☐ N le		
9.	Life estate.		21.	. If the trust is irrevocable, is the transferor or the transferor's spouse the sole present beneficiary?	☐ Yes ☐ N		
10.	Reconveyance (pay-off).		22.	Does this property revert to the transferor in 12 years or less? (Clifford Trust)	☐ Yes ☐ N		
11. 📙	Creation or assignment of a						
12.	Termination of a lease:	(date)		If you answered no to 21 or 22, attach a copy of agreement.	n ine trust		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)



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В.	PROPERTY INFORMATION (Complete each ite	• •	•					
	Seller's name and address:							
			Parcel number:					
	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.	<ul> <li>Please enclose a copy of the following:</li> <li>a. The sales agreement or contract including all exhibits and amendments thereto, as well as other related agreements or contracts, such as loan agreements.</li> <li>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.</li> <li>c. The allocation to your company books of the total acquisition price, by specific items.</li> <li>PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION</li> </ul>							
	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 Assess							
		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. <b>This</b>				
	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	EDERAL EMPLOYER ID NUMBER				
PRE	PARER'S NAME AND ADDRESS (typed or printed)		1	TITLE				
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS							

