EF-502-G-R06-0516-48000654-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Marc C. Tonnesen Solano County Assessor/Recorder

675 Texas Street Suite 2700 Fairfield, CA 94533-6338 (707) 784-6210 http://www.solanocounty.com/depts/ar assessor@solanocounty.com

BLIYI	R/TR	ANSFEREE		_	RECORDING DATA	
2011	_, , , , , ,				Date Recorded:	
MAIL	ING A	DDRESS			Document Number:	
SEI I	ED/Tr	RANSFEROR			Assessor's Identification Number:	
SELL	ER/II	KANSPEROR			MB PG	PCL
MAIL	ING A	DDRESS		_	Phone Numbers:	
					Buyer: ()	
FIELI)	L	EASE		Buyer: () () () () () () () () () (
18.4	D	DTANT NOTICE		_	Sec: Twp: R	
		RTANT NOTICE	iring an interest in real property	, or r	manufactured home subject to local property tax	ation and that is
State that the staxe taxe taxe taxe taxe taxe taxe taxe	esta esta lays es ap not le	nt must be filed at the time of rethe change in ownership hate is probated, shall be filed at from the date of a written requiplicable to the new base year vector exceed five thousand dollars operty is not eligible for the ho	ecording or, if the transfer is not as occurred by reason of death the time the inventory and appr est by the Assessor results in a alue reflecting the change in own s (\$5,000) if the property is eligible meowners' exemption if that fail	treco the si aisal pena nershole for lure to	with the County Recorder or Assessor. The Char orded, within 90 days of the date of the change in of tatement shall be filed within 150 days after the d is 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, while r the homeowners' exemption or twenty thousand of file was not willful. This penalty will be added to subject to the same penalties for nonpayment.	wnership, except ate of death or, if Statement within 10 percent of the chever is greater, dollars (\$20,000)
				cate t	he method by which you acquired an interest in the	e 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	ct for the purchase of property		or registered domestic partners, divorce settlement, etc.?	☐ Yes ☐ No
		in which the seller retains legal t possession.	itle to it after the buyer takes	14.	. Was this transaction only a correction of the name(s) of persons or entities holding title?	☐ Yes ☐ No
3.	Ш	Inheritance. Transfer by will or i		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.		Trade or exchange. The above traded or exchanged for other re	described property has been	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 le property transferred? If yes, indi	•	18.	. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	☐ Yes ☐ No
		transferred %.		19.	. Was this document recorded to create, assign,	
7.	Ш	Foreclosure or trustee sale.			or terminate a lender's interest in this property?	☐ Yes ☐ No
8.		Gift.		20.	. Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	☐ Yes ☐ No
9.		Life estate.		21.	. If the trust is irrevocable, is the transferor or the	
10.		Reconveyance (pay-off).			transferor's spouse or registered domestic partner the sole present beneficiary?	☐ Yes ☐ No
11.		Creation or assignment of a le	(date)	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	the trust
			(date)		agreement.	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION (Complete each		,					
1.								
			e: Parcel number:					
3.	· · · · · · · · · · · · · · · · · · ·		Effective transfer date: Date:					
4.	posing 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 elative to the transaction: Name, address, and phone number of any consultants used in connection with the transaction:							
6.								
7.	Interest acquired (please report decimal fractions out of total; e.g., 0.875 out of 1.000).							
	Revenue interest: Worki	ng interest:	Other working interest own	ners & percentages:				
8.	Number of wells: Producing	Injection	All idle	Other				
9.	Productive acres in the parcel:		Total acres in the parcel:					
10.	Production rates at acquisition: Oil	b/d Gas	mcf/c	d Waterb/d				
11.	Price received for oil and gas at acquisition:	Oil	\$/b Gas	\$/mcf				
12.	Oil gravity:API	Gas:	btu/mcf Average producir	ng depth: ft				
13.	Proved reserves: Developed: Oil		bbl Gas	mo				
	Undeveloped: Oil —		bbl Gas	mo				
14.	Were appraisals, evaluations, cash flow project	ctions or other analyses made	e to assist in establishing a pure	chase price?				
15. C .	agreements. b. A complete listing of all assets acquired an wells and related equipment, separately.	ement or contract including all exhibits and amendments thereto, as well as other related agreements or contracts, such ag of all assets acquired and liabilities assumed in the acquisition, if not included in item 15a. Please list each lease, in dequipment, separately. by your company books of the total acquisition price, by specific items.						
Ο.	Terms: Total purchase price:		Cash to seller:					
	Production and/or conventional loan(s):							
	()		` '	miorost rato(o).				
	Source(s) of financing (bank, seller, etc.): Moveable equipment Moveable equipment							
D.	alled to the attention of the Assessor.)							
_		CERTIFICA	TION					
Pari Cor	tnership including any accomp		ts, is true, correct and complete t	hat the foregoing and all information hereor to the best of my knowledge and belief. Thi				
NAM	IE OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)		ТІ	TLE				
SIGN	NATURE OF ASSESSEE OR AUTHORIZED AGENT		D	ATE				
NAM	IE OF ENTITY (typed or printed)		FF	EDERAL EMPLOYER ID NUMBER				
	(VF)							
PRE	PARER'S NAME AND ADDRESS (typed or printed)	ТІ	TLE					
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS							

