EF-502-G-R05-1111-51000702-1 BOE-502-G (P1) REV. 5 (11-11)

## CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

SUTTER

1190 Civic Center Blvd. Yuba City, CA 95993

**KATHY SCRIVEN** 

Phone: (530) 822-7160 Fax: (530) 822-7198

SUTTER COUNTY ASSESSOR

www.suttercounty.org/assessor E-mail: assessor@co.sutter.ca.us

File this statement by:

BUYER/TRANSFEREE				RECORDING DATA				
DO LE CONTROL ENCE			Date	Record				
MAILING ADDRESS				Date Recorded:  Document Number:				
					dentification Numb			
SELLER/TRANSFEROR					MB F	PG	PCL	
MAILING ADDRESS			Phone	Numbe	ers:			
			Ruver.	(	)			
FIELD LEA:	SE		Seller:	(	)			
IMPORTANT NOTICE			Sec: _		Twp:	Rng:		
The law requires any transferee acquirin assessed by the county assessor, to file a Statement must be filed at the time of received that where the change in ownership has the estate is probated, shall be filed at the 90 days from the date of a written request taxes applicable to the new base year valuabut not to exceed five thousand dollars (\$\frac{3}{2}\$ if the property is not eligible for the home roll and shall be collected like any other of	a Change in Ownership State ording or, if the transfer is no occurred by reason of death a time the inventory and apply the Assessor results in a se reflecting the change in ow \$5,000) if the property is eligite owners' exemption if that fai	ement with recorded the state raisal is for a penalty remarking the for the force to fill the recorded the force to fill the recorded the force to fill the recorded the recor	th the County of the within 90 days ament shall be iled. The failu of either: (1) of the real prope homeowners le was not will	Recorder  ys of the filed we get to filed we hand been so we will be to file the file of t	er or Assessor. The date of the chaithin 150 days after a Change in Owdred dollars (\$100 manufactured horst perion or twenty the spenalty will be a	the Change nge in own er the date nership Sta the sta	in Ownership, of dea temen percenter is glars (\$	nership , except ath or, it t withir at of the greater (20,000)
A. TRANSFER INFORMATION (Check	the appropriate boxes to indi	icate the	method by whi	ch you	acquired an intere	est in the pr	operty.	:)
1. Purchase (complete Sections B an	nd C on the reverse side).	13. W	as this transfer	solely b	etween husband a	_	_	
2. Land Sales Contract. A contract for	act for the nurchase of property	ac	ldition of a spou	ıse, divo	orce settlement, etc	c.?	Yes	∐ No
in which the seller retains legal title possession.					a correction of the titles holding title to	0	] Yes	☐ No
3. Inheritance. Transfer by will or inte	estate succession.			thic pro	norty as a joint ton			
Date of death				old title to this property as a joint tenant, eller or transferor also a joint tenant?				☐ No
Relationship to deceased					•		00	
4. Trade or exchange. The above de traded or exchanged for other real	,		as this transact nancy interest?		ermination of a joir		Yes	☐ No
property.					n family members of		٦.,	п
5. Merger or stock acquisition.		re	lated businesse	es?		L	」 Yes	☐ No
6. Partial interest transfer. Was less property transferred? If yes, indicate	•	ur			ded to substitute a rtgage, or other sir	milar	Yes	☐ No
transferred %.		19. W	as this docume	nt recor	ded to create, assig	an.		
7. Foreclosure or trustee sale.					terest in this prope		Yes	☐ No
8. Gift.			as this property f <b>yes</b> , is the trus		ansferred to a trust levocable	? vocable	Yes	□ No
9. Life estate.					is the transferor or ole present benefic		Yes	□ No
10. Reconveyance (pay-off).			pes this propert years or less?	•	to the transferor in		Yes	☐ No
11. Creation or assignment of a leas	<b>e:</b> (date)		•	•	,	conv of the	truet	
12. Termination of a lease:	,5510)	If you answered no to 21 or 22, attach a copy of the trust agreement.						
	(date)	(Please complete the reverse side.)						

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



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В.	PROPERTY INFORMATION (Complete each		,						
1.									
			Parcel number:						
3.	Date sales agreement or letter of intent signed								
4.	Closing date:	•							
5. Name, address and phone number of person with purchasing firm who is familiar with the transaction and would be available to a relative to the transaction:									
6.	Name, address, and phone number of any cor	nsultants used in connection	with the transaction:						
7.	Interest acquired (please report decimal fraction	ons out of total; e.g., 0.875 ou	ut 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	mc					
	Undeveloped: Oil —		bbl Gas —	mc					
14.	Were appraisals, evaluations, cash flow project	ctions or other analyses made	e to assist in establishing a pure	chase price?					
15. <b>C</b> .	Please enclose a copy of the following:  a. The sales agreement or contract including agreements.  b. A complete listing of all assets acquired an wells and related equipment, separately.  c. The allocation to your company books of the purchase price or transfer amount.	d liabilities assumed in the ac	equisition, if not included in item	-					
О.	Terms: Total purchase price:		Cash to seller:						
	Production and/or conventional loan(s):								
	Source(s) of financing (bank, seller, etc.):		` '	Interest rate(s).					
	Purchase price allocated to: Fixed plant & ec		Moveable equip	ment					
D.	REMARKS (Please include below any additional information about the sale or transfer which should be called 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. <b>Thi</b>					
NAM	IE OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)		ТІ	TLE					
SIGN	NATURE OF ASSESSEE OR AUTHORIZED AGENT		DA	ATE					
NAM	IE OF ENTITY (typed or printed)			EDERAL EMPLOYER ID NUMBER					
INAIVI	L OT LIVITT (typed of printed)			LULIONE LIMITEO I EIX IID INUIMIDEIX					
PRE	PARER'S NAME AND ADDRESS (typed or printed)	ТІ	TITLE						
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS		'						

