EF-502-G-R05-1111-53000678-1 BOE-502-G (P1) REV. 5 (11-11)

## **CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY**

File this statement by:

## Deanna L. Bradford County Clerk-Recorder-Assessor

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

BUYER/TRANSFEREE		_			RECORDING D	ATA		
				Date Recorde	ed:			
MAILING ADDRESS				Document Number:				
SELLER/TRANSFEROR				Assessor's Identification Number:				
		_		d <b>N.</b>	MB PG	PC		
MAILING ADDRESS				hone Numbe				
FIELD LEASE			В	uyer: (	)			
	10L		S	eller: (	)			
IMPORTANT NOTICE		_	S	ec:	Twp:	Rng:		
The law requires any transferee acquiri assessed by the county assessor, to file Statement must be filed at the time of rec 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 val but not to exceed five thousand dollars (if the property is not eligible for the hom roll and shall be collected like any other	a Change in Ownership State cording or, if the transfer is not occurred by reason of death the time the inventory and apprais by the Assessor results in a ue reflecting the change in own \$5,000) if the property is eligible owners' exemption if that fail	ment reco the staisal pena persh ole for	with the Co orded, within tatement sh is filed. The alty of either hip of the rea r the homed o file was no	ounty Recorden 90 days of the pall be filed with all be filed with all be filed with a failure to filed: (1) one huncal property or powners' exempot willful. This	er or Assessor. The ne date of the change ithin 150 days after e a Change in Owner dred dollars (\$100); of manufactured home ption or twenty thou s penalty will be add	Change in Over in ownership the date of detaction of the control o	wnership p, except eath or, if ent within ent of the s greater, (\$20,000)	
A. TRANSFER INFORMATION (Check							y.)	
1. Purchase (complete Sections B a	nd C on the reverse side).	13.		-	etween husband and orce settlement, etc.?		s 🗆 No	
	Land Sales Contract. A contract for the purchase of property		·	•			, 🗀 110	
in which the seller retains legal title possession.	e to it after the buyer takes	14.		persons or en	a correction of the titles holding title to	☐ Yes	s 🗆 No	
			If you hold title to	•	perty as a joint tenant			
Date of death Relationship to deceased		10.	is the seller or transferor		•		s 🗌 No	
Trade or exchange. The above de traded or exchanged for other real		16.	. Was this tra tenancy int		ermination of a joint	☐ Yes	s 🗌 No	
property.		17.			n family members or			
5. Merger or stock acquisition.			related bus	sinesses?		∐ Yes	s 📙 No	
6. Partial interest transfer. Was les property transferred? If yes, indicate transferred of the second of the seco	•	18.		ed of trust, mo	ded to substitute a tru rtgage, or other simila	ar	s 🗌 No	
transferred %.		19.			ded to create, assign,		s 🗆 No	
7. Foreclosure or trustee sale.			or terminat	e a iender's int	erest in this property?			
8. Gift.		20.		operty been tra he trust:	ansferred to a trust? evocable	Yes	s 🗌 No	
9. Life estate.		21.			is the transferor or the ole present beneficiary		s 🗆 No	
10. Reconveyance (pay-off).		22.		, ,	to the transferor in	☐ Yes	s 🗌 No	
11. Creation or assignment of a least	(date)	12 years or less? (Clifford Trust)						
12. Termination of a lease:			agreemen		i oi 22, allacii a cop	y or are aust		
.2. I reminiation of a lease.	(date)		-	(Please co	mplete the reverse	side.)		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



B.	PROPERTY INFORMATION (Complete each item as it	applies to this transaction	1.)						
1.	Seller's name and address:								
2.	Field name: Lease n	ame:	Parcel number	Parcel number:					
3.	Date sales agreement or letter of intent signed:		Effective transfer date:						
4.	Closing date: Re	Recording document: Number: 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 us	sed in connection with th	e transaction:						
7	Interest acquired (please report decimal fractions out of total; e.g., 0.875 out of 1.000).								
	Revenue interest: Working interest			percentages:					
8.	Number of wells: Producing Inje	ection	All idle	Other					
9.	Productive acres in the parcel:	То	tal acres in the parcel:						
10.	Production rates at acquisition: Oil	b/d Gas	mcf/d Wat	erb/d					
11.	Price received for oil and gas at acquisition: Oil		\$/b Gas	\$/mcf					
			otu/mcf Average producing depth:ft						
	Proved reserves: Developed: Oil								
	Undeveloped: Oil		bbl Gas	mcf					
14.	Were appraisals, evaluations, cash flow projections or other								
most relied upon in establishing the purchase price.  b. If <b>no</b> , please explain in Section D how the purchase price was determined.  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 contract agreements.									
	<ul> <li>A complete listing of all assets acquired and liabilities wells and related equipment, separately.</li> </ul>	assumed in the acquisiti	on, if not included in item 15a. I	Please list each lease, including					
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:	Cash to seller:						
	Production and/or conventional loan(s):	Amount(s	3):	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.)								
		CERTIFICATION							
Par	tnership including any accompanying state poration declaration is binding on each	ements or documents, is tr	rue, correct and complete to the be	foregoing and all information hereon, est of my knowledge and belief. <b>This</b>					
NAM	TE OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)		TITLE						
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT				DATE					
NAM	ME OF ENTITY (typed or printed)	FEDERAL	FEDERAL EMPLOYER ID NUMBER						
PRE	PARER'S NAME AND ADDRESS (typed or printed)	TITLE							
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS		1						

