EF-502-G-R06-0516-53000343-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

Shanna White 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 DATA					
					Date F	Recorded	:			
MAILING ADDRESS					Document Number:					
					Assessor's Identification Number:					
SELLER/I	RANSFEROR						MB	PG	PCL	
MAILING	ADDRESS			l	Phone N	Numbers	s:			
					Ruver.	()				
FIELD	1	LEASE			Seller:					
			_				Turn	R		
IMPC	RTANT NOTICE				Sec		_ Twp	K	ıg	
Statem that wh the esta 90 days taxes a but not if the p	ent must be filed at the time of a tere the change in ownership hate is probated, shall be filed at a from the date of a written requ pplicable to the new base year we to exceed five thousand dollar property is not eligible for the ho	ile a Change in Ownership State recording or, if the transfer is no as occurred by reason of death the time the inventory and appraist by the Assessor results in a value reflecting the change in ow s (\$5,000) if the property is eligilated by the change in the change in owe considered the change in own con	t reco the s aisal pena nersh ble fo lure t	orded, with tatement s is filed. The lity of eithe nip of the ro r the home o file was	in 90 day shall be f he failure er: (1) on eal prope eowners not willf	ys of the filed with e to file and the file	date of the nin 150 days to Change in ed dollars (sanufactured ion or twent penalty will	change in o s after the d Ownership \$100); or (2) d home, which ty thousand be added to	wnership ate of dea Statemer 10 percei chever is dollars (\$, except ath or, if at within at of the greater, \$20,000)
		eck the appropriate boxes to indi							e property	<u>'.)</u>
1.	Purchase (complete Sections E	3 and C on the reverse side).	13				olely betwee			
2.	Land Sales Contract. A contract for the purchase of property			•	red domestic par		tners, divorce settlement,	☐ Yes	. ∐ No	
۷. ــ	in which the seller retains legal			etc.?						
	possession.		14.			•	correction ies holding ti		Yes	☐ No
3	Inheritance. Transfer by will or	intestate succession.	15	. If you hole	d title to t	this prope	erty as a join	t tenant.		
	Date of death Relationship to deceased			•			so a joint ten		Yes	☐ No
	Relationship to deceased		40	\^/== 4b:= 4		41 4		- 1-1-4		
4.	Trade or exchange. The above traded or exchanged for other re	described property has been eal property or tangible personal	10.	tenancy i		on the ter	mination of a	a joint	Yes	☐ No
	property.		17.	. Was this	transfer b	oetween f	amily memb	ers or	_	_
5.	Merger or stock acquisition.			related bu	usinesses	s?			☐ Yes	☐ No
	3		18.	. Was this	documen	nt recorde	d to substitu	ite a trustee		
6.	Partial interest transfer. Was l	•		under a d	leed of tru	ust, morto	gage, or othe	er similar		
	property transferred? If yes , ind	icate the percentage		documen	t?				☐ Yes	☐ No
	transferred %.		19	. Was this	documen	nt recorde	d to create,	assign,		
7.	Foreclosure or trustee sale.			or termina	ate a lend	der's inter	est in this p	roperty?	☐ Yes	☐ No
8.	Gift.		20				sferred to a	trust?	Yes	☐ No
9.	Life estate.		21	If the true	t is irrevo	ocable is	the transfer	or or the		
J	ootato.		- 1.				tered domes		☐ Yes	☐ No
10.	Reconveyance (pay-off).				partner the sole pres		_			
			20	Doos this	nronort	rought-	the transfer	or in		
11. 🗀	Creation or assignment of a le		22	. Does this 12 years			the transfer	OI III	Yes	☐ No
42 F	Towningtion of a lasse.	(date)		•		•	,			,0
12. L	Termination of a lease:	(date)		If you an		no to 21	or 22, attac	h a copy of	the trust	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION (Complete each		,									
1.												
		Field name: Lease name:										
3.	Date sales agreement or letter of intent signed											
4.	Closing date:	•										
5.	5. Name, address and phone number of person with purchasing firm who is familiar with the transaction and would be available to answer 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 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?								
	agreements. b. A complete listing of all assets acquired an wells and related equipment, separately.	The sales agreement or contract including all exhibits and amendments thereto, as well as other related agreements or contracts, such as leaguements. 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. The allocation to your company books of the total acquisition price, by specific items.										
C.	Terms: Total purchase price:		Cash to seller:									
	Production and/or conventional loan(s):											
	()		` '	Interest rate(s).								
	Source(s) of financing (bank, seller, etc.): Moveable equipment											
D.	REMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of the As											
		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		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		'									

