EF-502-G-R06-0516-55000375-1 BOE-502-G (P1) REV. 6 (05-16)

File this statement by:

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



## **Tuolumne County Assessor-Recorder**

2 South Green Street, Third Floor Sonora, CA 95370

Phone: (209) 533-5535 Fax: (209) 533-5674

Kaenan Whitman

Email: assessor@tuolumnecounty.ca.gov

BUYER/TRANSFEREE						RECO	RDING DATA			
DOTE OF THE STATE				Date I	Record	ed:				
MAILING ADDRESS						umber:				
				Asses	sor's lo	dentification	Number:			
SELLER/TRANSFEROR						MB	PG	PC	:L	
MAILING A	ADDRESS		ı	Phone I	Numbe	ers:				
				Buyer:	(	)				
FIELD	LEASE			Seller:	(	)				
IMDO	PRTANT NOTICE	=	;	Sec:		Twp: _	R	≀ng:		
The law assesse Statement that who the esta 90 days taxes ap but not if the pro-	requires any transferee acquiring an interest in real propert ed by the county assessor, to file a Change in Ownership State ent must be filed at the time of recording or, if the transfer is no ere the change in ownership has occurred by reason of death ate is probated, shall be filed at the time the inventory and apply from the date of a written request by the Assessor results in a opplicable to the new base year value reflecting the change in ow to exceed five thousand dollars (\$5,000) if the property is eligit toperty is not eligible for the homeowners' exemption if that fails shall be collected like any other delinquent property taxes, an	ement of reco the s raisal pena nersh ble fo ilure t	with the Corded, with tatement s is filed. The laty of either in the home of file was	county Fin 90 da shall be he failur er: (1) or eal prope cowners not willf	Recordings of the filed was filed was filed was filed to	er or Asses; he date of the rithin 150 da e a Change dred dollars manufactur ption or twe is penalty w	sor. The Cha ne change in o ays after the o in Ownership (\$100); or (2) red home, whi enty thousand rill be added t	ange in O ownershi date of do o Stateme ) 10 perce ichever i d dollars	wnership ip, except eath or, if ent within ent of the s greater, (\$20,000)	
	ANSFER INFORMATION (Check the appropriate boxes to indi							e proper	ty.)	
1.	Purchase (complete Sections B and C on the reverse side).	13				•	een spouses			
2.	Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes		or registe etc.?	tered domestic partners, divorce set						
	possession.					y a correctio ntities holding		☐ Ye	s 🗌 No	
3.	Inheritance. Transfer by will or intestate succession.  Date of death	15	. If you hold	d title to	this pro	perty as a jo	int tenant,		s 🗌 No	
	Relationship to deceased		is the sell	er or trar	nsteror	also a joint t	enant?	∟ Ye	S L NO	
4.	<b>Trade or exchange.</b> The above described property has been traded or exchanged for other real property or tangible personal	16	. Was this t tenancy ir		on the	termination o	of a joint	☐ Ye	s 🗌 No	
	property.	17.				n family men	nbers or			
5.	Merger or stock acquisition.		related bu	ısinesse	s?			∐ Ye	s 🗌 No	
6.	Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage	18.		eed of tr		ded to subst ortgage, or of	itute a trustee ther similar	☐ Ye	s 🗌 No	
7. 🗌	transferred %.  Foreclosure or trustee sale.	19				ded to create terest in this	-	☐ Ye	s 🗆 No	
8.	Gift.	20				ansferred to Revocable	a trust?		s 🗌 No	
9.	Life estate.	21				is the transfo		☐ Ye	s 🗆 No	
10.	Reconveyance (pay-off).					beneficiary?		•	•	
11.	Creation or assignment of a lease:	22	Does this			to the transf	eror in	☐ Ye	s 🗌 No	
12.	Termination of a lease:		If you an	eworod	no to 3	21 or 22 att	ach a conv of	f tha true	•	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

agreement.



В.	PROPERTY INFORMATION (Complete each		,									
1.												
		ield 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?								
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:	o caller:									
	Production and/or conventional loan(s):											
	( )		` '	Interest rate(s).								
	Source(s) of financing (bank, seller, etc.): Moveable equipment Moveable equipment											
D.	MARKS (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 LIVITIT (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		'									

