EF-502-G-R05-1111-56000663-1 BOE-502-G (P1) REV. 5 (11-11)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

ST. 1873

Assessor Of Ventura County 800 South Victoria Avenue Ventura, CA 93009-1270 (805) 654-2181 assessor.venturacounty.gov

(Please complete the reverse side.)

Keith Taylor

File this statement by:

BUYER/TRANSFEREE			RECORDING DATA			
			Date Recorded:			
MAILING	ADDRESS		Document Number:			
051150	TRAVETEROR		Assessor's Identification Number:			
SELLER/	TRANSFEROR		MB PG	PCL		
MAILING	ADDRESS		Phone Numbers:			
IVII (ILII VO	ABALLOO		5 ()			
FIELD	LEASE		Buyer: () Seller: ()			
IMD	ORTANT NOTICE		Sec: Twp:	_ Rng:		
Statem that who the est 90 day taxes a but no if the p	sed by the county assessor, to file a Change in Ownership State that must be filed at the time of recording or, if the transfer is not here the change in ownership has occurred by reason of death rate is probated, shall be filed at the time the inventory and app is from the date of a written request by the Assessor results in applicable to the new base year value reflecting the change in ow to exceed five thousand dollars (\$5,000) if the property is eligoroperty is not eligible for the homeowners' exemption if that fa	ot reconthe some of the some o	orded, within 90 days of the date of the change tatement shall be filed within 150 days after the is filed. The failure to file a Change in Owners alty of either: (1) one hundred dollars (\$100); on the real property or manufactured home, or the homeowners' exemption or twenty thous of file was not willful. This penalty will be added.	in ownership, except ne date of death or, if ship Statement within r (2) 10 percent of the whichever is greater, and dollars (\$20,000) ed to the assessment		
	d shall be collected like any other delinquent property taxes, an RANSFER INFORMATION (Check the appropriate boxes to ind					
1.	Purchase (complete Sections B and C on the reverse side).	13.	. Was this transfer solely between husband and wand addition of a spouse, divorce settlement, etc.?	vife, ☐ Yes ☐ No		
2.	Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes possession.	14.	Was this transaction only a correction of the name(s) of persons or entities holding title to the property?	☐ Yes ☐ No		
3.	Inheritance. Transfer by will or intestate succession. Date of death	15.	. If you hold title to this property as a joint tenant,			
	Relationship to deceased		is the seller or transferor also a joint tenant?	☐ Yes ☐ No		
4.	Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal	16.	. Was this transaction the termination of a joint tenancy interest?	☐ Yes ☐ No		
5.	property. Merger or stock acquisition.	17.	. Was this transfer between family members or related businesses?	☐ Yes ☐ No		
6.	Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage	18.	. Was this document recorded to substitute a trus under a deed of trust, mortgage, or other similar document?			
7.	transferred %. Foreclosure or trustee sale.	19.	. Was this document recorded to create, assign, 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 Irrevoca	☐ Yes ☐ No		
9.	Life estate.	21.	. If the trust is irrevocable, is the transferor or the transferor's spouse the sole present beneficiary'	? ☐ Yes ☐ No		
10.	Reconveyance (pay-off).	22.	Does this property revert to the transferor in 12 years or less? (Clifford Trust)	☐ Yes ☐ No		
11. L	Creation or assignment of a lease:			. af tha two-t		
12	(date)		If you answered no to 21 or 22, attach a copy agreement.	or the trust		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)



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В.	PROPERTY INFORMATION (Complete each item as it applies to this transaction.)						
	Seller's name and address:						
		name: Parcel number:					
	Date sales agreement or letter of intent signed: Effective transfer date:						
	Closing date: Date: 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 used in connection with the transaction:						
7.	Interest acquired (please report decimal fractions out of total; e.g., 0.875 out of 1.000).						
	Revenue interest: Working	interest:	Other working interest ow	ners & percentages:			
8.	Number of wells: Producing	Injection	All idle	Other			
	Productive acres in the parcel:						
10.	Production rates at acquisition: Oil	b/d Gas _	mcf	d Waterb/d			
11.	Price received for oil and gas at acquisition: Oil	1	\$/b Gas	\$/mcf			
			btu/mcf Average producing depth: ft				
13.	Proved reserves: Developed: Oil		bbl Gas	mcf			
	Undeveloped: Oil		bbl Gas	mcf			
14.	Were appraisals, evaluations, cash flow projections or other analyses made to assist in establishing a purchase price? Yes No						
C.	 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 contracts, such as loan agreements. b. 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. 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:				
	Production and/or conventional loan(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 Ass							
		CERTIFICA	ATION				
Pari	tnership including any accompan		nts, is true, correct and complete	that the foregoing and all information hereon, to the best of my knowledge and belief. This			
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	Г	ITLE				
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT			С	DATE			
NAME OF ENTITY (typed or printed)			F	EDERAL EMPLOYER ID NUMBER			
PRE	PARER'S NAME AND ADDRESS (typed or printed)		1	TITLE			
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS						

