EF-502-G-R06-0516-57000664-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

YOLO COUNTY COUNTY ASSESSOR

625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 Fax (530) 666-8213 West Sacramento (916) 375-6496 assessor@yolocounty.org

BUYER/TRANSFEREE				RECORDING DATA			
				Date Recorded:			
MAILING ADDRESS				Document Number:			
SELLER/TRANSFEROR				Assessor's Identification Number:			
SELLE	.FV 1 F	VANOFEROR		MB PG PCL			
MAILIN	IG A	DDRESS		Phone Numbers:			
				Buyer: ()			
FIELD		LEASE		Seller:			
				Sec: Twp: Rng:			
IMF	0	RTANT NOTICE		56с тwр Kng			
State that v the e 90 da taxes but n if the	eme whe star ays s ap ot t	ont must be filed at the time of recording or, if the transfer is the change in ownership has occurred by reason of dete is probated, shall be filed at the time the inventory and a from the date of a written request by the Assessor results uplicable to the new base year value reflecting the change into exceed five thousand dollars (\$5,000) if the property is exceed five thousand dollars (\$5,000) if the property is exceed five thousand dollars (\$5,000).	s not reco eath the s appraisal in a pena ownersh eligible fo t failure t	twith the County Recorder or Assessor. The Change in Ownership orded, within 90 days of the date of the change in ownership, except statement shall be filed within 150 days after the date of death or, if is filed. The failure to file a Change in Ownership Statement within alty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the nip of the real property or manufactured home, whichever is greater, or the homeowners' exemption or twenty thousand dollars (\$20,000) to file was not willful. This penalty will be added to the assessment subject to the same penalties for nonpayment.			
Α.	TR	ANSFER INFORMATION (Check the appropriate boxes to	indicate t	the method by which you acquired an interest in the property.)			
	_	Purchase (complete Sections B and C on the reverse side). Land Sales Contract. A contract for the purchase of property	13	. Was this transfer/addition solely between spouses or registered domestic partners, divorce settlement,			
'	in which the seller retains legal title to it after the buyer takes possession.	14	etc.? . Was this transaction only a correction of the name(s) of persons or entities holding title? Yes No				
3.		Inheritance. Transfer by will or intestate succession. Date of death Relationship to deceased	15	If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?			
4.		Trade or exchange. The above described property has been traded or exchanged for other real property or tangible person		. Was this transaction the termination of a joint tenancy interest?			
5.		property. Merger or stock acquisition.	17	. Was this transfer between family members or related businesses? $\hfill \Box$ Yes $\hfill \Box$ No			
6.		Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage transferred%.	18	. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document? Yes No			
7.		Foreclosure or trustee sale.	19	. Was this document recorded to create, assign, or terminate a lender's interest in this property? $\hfill \Box$ Yes $\hfill \Box$ No			
8.		Gift.	20	. Has this property been transferred to a trust?			
9. 10.	_	Life estate. Reconveyance (pay-off).	21	. If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic Yes No partner the sole present beneficiary?			
11.		Creation or assignment of a lease:	22	Does this property revert to the transferor in 12 years or less? (Clifford Trust) Yes No			
12.		Termination of a lease:		If you answered no to 21 or 22, attach a copy of the trust			

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

agreement.

(date)



В.	PROPERTY INFORMATION (Complete each		,					
1.					-			
			Parcel number: Parcel number: Effective transfer date:					
3.	· · · · · · · · · · · · · · · · · · ·							
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 answer que 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	ıt of 1.000).		_			
	Revenue interest: Worki	ng interest:	Other working interest own	ers & 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	Waterb/d				
11.	Price received for oil and gas at acquisition:	Oil	\$/b Gas	\$/mcf				
12.	Oil gravity:API	Gas:	btu/mcf Average producir	g depth: ft				
13.	Proved reserves: Developed: Oil		bbl Gas	mc	٥f			
	Undeveloped: Oil —		bbl Gas —	m	cf			
14.	Were appraisals, evaluations, cash flow project	ctions or other analyses made	e to assist in establishing a pure	chase price?				
15. C .	 5. 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. 							
О.	PURCHASE PRICE OR TRANSFER AMOUNTERMS: Total purchase price:		Cash to seller:					
	Production and/or conventional loan(s):				_			
	()		` '	Interest rate(s).	_			
	Source(s) of financing (bank, seller, etc.): Moveable equipment Moveable equipment							
D.								
		CERTIFICA	TION		_			
Pari Cor	tnership including any accomp		ts, is true, correct and complete t	nat 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	ΓLE				
SIGN	NATURE OF ASSESSEE OR AUTHORIZED AGENT		DA	TE				
NAM	IE OF ENTITY (typed or printed)		FF	DERAL EMPLOYER ID NUMBER				
. 47 (11/1				E CONTRACTOR CONTRACTO				
PRE	PARER'S NAME AND ADDRESS (typed or printed)		ТІ	ΓLE	_			
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS		1					

