EF-502-G-R06-0516-01000091-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

Phong La ALAMEDA COUNTY ASSESSOR

1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-3787 / FAX (510) 272-3803 www.acgov.org/assessor

File this statement by:

BULLER/TRANSFEROR Date Recorded: Document Number: Assessor's Identification Number: MB		
Document Number: Assessor's Identification Number: MB PG PCL MALINFA ADDRESS Phone Numbers: Buyer:	BUYER/TRANSFEREE	RECORDING DATA
SELECTRANSFEROR Section Sectio	MAILING ADDRESS	
MALINING ADDRESS Phone Numbers: Phone Numbers: Buyer.		
MILINGADDRESS Phone Numbers: Buyer:	SELLER/TRANSFEROR	
IMPORTANT NOTICE The law requires any transfere acquiring an interest in real property or manufactured home subject to local property taxation, and that is assessed by the county assessor, to the a Charge in Ownership Statement with the County Recorder or Assessor. The Charge in Ownership Statement must be filled at the time of recording or, if the transfer is not recorded, within 90 days of the date of the change in ownership has occurred by reason of death the statement shall be filled within 150 days after the date of death or, the thange in ownership has occurred by reason of death the statement shall be filled within 150 days after the date of death or, the thange in ownership has occurred by reason of death the statement shall be filled within 150 days after the date of death or, the thange in ownership of the transfer is not recorded, within 90 days from the date of a written request by the Assessor results in a penalty of titler (a) on hundred dailars (\$20,000) if the property is cligible for the homewore exception of the property is one to the fill have been really one of the property is one of the		
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THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



В.	PROPERTY INFORMATION (Complete each item as it applies to this transaction.)				
1.					
2.	Field name: Lease nam	ə:	Parcel number:		
3.	Date sales agreement or letter of intent signed:	Effective tra	nsfer date:		
4.	Closing date: Reco	ding document: Number:	Date:		
5.	Name, address and phone number of person with purchasin relative to the transaction:		on and would be available to answer questions		
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	terest acquired (please report decimal fractions out of total; e.g., 0.875 out of 1.000).			
	Revenue interest: Working interest:		est owners & percentages:		
8.	Number of wells: Producing Injection	on All idle	Other		
		Total acres in the pa	rcel:		
	Production rates at acquisition: Oil				
	Price received for oil and gas at acquisition: Oil	\$/b Gas			
	Oil gravity: API Gas:	btu/mcf Average p	reducing depth:		
	Proved reserves: Developed: Oil	bbl Gas_	mcf		
	Undeveloped: Oil		mcf		
14.	Were appraisals, evaluations, cash flow projections or other				
	 a. If yes, please enclose copies of those appraisals, evalua most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price. 	tions, cash flow projections or analyses			
15.	Please enclose a copy of the following:				
	a. The sales agreement or contract including all exhibits and	d amendments thereto, as well as other	related agreements or contracts, such as loan		
	agreements.				
	 b. A complete listing of all assets acquired and liabilities assets and related equipment, separately. 		in item 15a. Please list each lease, including		
_	c. The allocation to your company books of the total acquising PURCHASE PRICE OR TRANSFER AMOUNT INFORMAT				
C.	Terms: Total purchase price:				
	Production and/or conventional loan(s):		Interest rate(s):		
	Source(s) of financing (bank, seller, etc.):				
D.	Purchase price allocated to: Fixed plant & equipment:		e equipment be called to the attention of the Assessor.)		
		CERTIFICATION			
Par Cor	SHELOISHID -	nts or documents, is true, correct and con	fornia that the foregoing and all information hereon, nplete to the best of my knowledge and belief. This		
_	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)		TITLE		
SIGN	IATURE OF ASSESSEE OR AUTHORIZED AGENT	<u> </u>	DATE		
NIAL	C OF CALLTY (4-mad as printed)		EEDEDAL EMPLOYED IS NUMBER		
NAIV	E OF ENTITY (typed or printed)		FEDERAL EMPLOYER ID NUMBER		
PRE	PARER'S NAME AND ADDRESS (typed or printed)		TITLE		
DAY	TIME TELEPHONE NUMBER E-MAIL ADDRESS				
/	E-WAIL ADDRESS				

