EF-502-G-R06-0516-08000027-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

County of Del Norte 981 H Street, Suite 120

Jennifer Perry, Assessor

Crescent City, CA 95531 Telephone: (707) 464-7200

File this statement by:

| BULLER/TRANSFEROR Date Recorded: Document Number: Assessor's Identification Number: MB | | |
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| 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 clighted 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 applied) | ies to this transaction.) | |
|-----------------------|--|---|--|
| 1. | Seller's name and address: | | |
| 2. | Field name: Lease name | 9 : | Parcel number: |
| 3. | Date sales agreement or letter of intent signed: | Effective 1 | transfer date: |
| 4. | Closing date: Recor | ding document: Number: | Date: |
| 5. | Name, address and phone number of person with purchasing relative to the transaction: | _ | ction and would be available to answer questions |
| 6. | Name, address, and phone number of any consultants used in | in connection with the transaction: _ | |
| 7. | Interest acquired (please report decimal fractions out of total; | e.a., 0.875 out of 1.000). | |
| | Revenue interest: Working interest: | - , | erest owners & percentages: |
| 8. | Number of wells: Producing Injectio | n A <u>ll i</u> dle | Other |
| | | Total acres in the | |
| | Production rates at acquisition: Oil | | |
| | Price received for oil and gas at acquisition: Oil | \$/b G | |
| | Oil gravity:API Gas: | | e producing depth:ft |
| | Proved reserves: Developed: Oil | | s mcf |
| 10. | Undeveloped: Oil | | s mcf |
| 14 | Were appraisals, evaluations, cash flow projections or other a | | |
| 15. C. | most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price. Please enclose a copy of the following: a. The sales agreement or contract including all exhibits and agreements. b. A complete listing of all assets acquired and liabilities assimilated equipment, separately. c. The allocation to your company books of the total acquisite PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION. Terms: Total purchase price: | d amendments thereto, as well as oth umed in the acquisition, if not includ- tion price, by specific items. ON | ed in item 15a. Please list each lease, including |
| | Production and/or conventional loan(s): | Amount(s): | Interest rate(s): |
| | Source(s) of financing (bank, seller, etc.): | | ' - |
| D. | Purchase price allocated to: Fixed plant & equipment: | | ble equipment build be called to the attention of the Assessor.) |
| | | CERTIFICATION | |
| Part Corp Other | including any accompanying statemer declaration is binding on each and er | nts or documents, is true, correct and c | California that the foregoing and all information hereon, complete to the best of my knowledge and belief. This |
| NAM | E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed) | | TITLE |
| SIGN | IATURE OF ASSESSEE OR AUTHORIZED AGENT | | DATE |
| NAM | 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 | | I |

