## CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



County of Inyo Dave Stottlemyre, Assessor P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us

BUYER/TRANSFEREE	RECORDING DATA
MAILING ADDRESS	Date Recorded: Document Number: Assessor's Identification Number:
SELLER/TRANSFEROR	MB PG PCL
MAILING ADDRESS	Phone Numbers:
FIELD LEA\$E	Buyer: () Seller: ()
<b>IMPORTANT NOTICE</b> The law requires any transferee acquiring an interest in real property or manufact assessed by the county assessor, to file a Change in Ownership Statement with the Statement must be filed at the time of recording or, if the transfer is not recorded, wit that where the change in ownership has occurred by reason of death the statement the estate is probated, shall be filed at the time the inventory and appraisal is filed. 90 days from the date of a written request by the Assessor results in a penalty of eit taxes applicable to the new base year value reflecting the change in ownership of the but not to exceed five thousand dollars (\$5,000) if the property is eligible for the how if the property is not eligible for the homeowners' exemption if that failure to file war roll and shall be collected like any other delinquent property taxes, and be subject to	County Recorder or Assessor. The Change in Ownership ithin 90 days of the date of the change in ownership, except it shall be filed within 150 days after the date of death or, if The failure to file a Change in Ownership Statement within ther: (1) one hundred dollars (\$100); or (2) 10 percent of the e real property or manufactured home, whichever is greater, meowners' exemption or twenty thousand dollars (\$20,000) is not willful. This penalty will be added to the assessment
A. TRANSFER INFORMATION (Check the appropriate boxes to indicate the meth	od by which you acquired an interest in the property.)
	is transfer/addition solely between spouses stered domestic partners, divorce settlement,

12.	Termination of a lease:		<i>If you answered no to 21 or 22, attach a copy of t agreement.</i>	he trust	
11. [	Creation or assignment of a lease:	22.	Does this property revert to the transferor in 12 years or less? ( <i>Clifford Trust</i> )	🗌 Yes	🗌 No
10. 🗌	Reconveyance (pay-off).		transferor's spouse or registered domestic partner the sole present beneficiary?	∐ Yes	∐ No
9. 🗌	Life estate.	21.	. If the trust is irrevocable, is the transferor or the	_	
8.	Gift.	20.	. Has this property been transferred to a trust? If <b>yes</b> , is the trust: Revocable Irrevocable	☐ Yes	🗌 No
7. 🗌	transferred %.	19.	Was this document recorded to create, assign, or terminate a lender's interest in this property?	🗌 Yes	🗌 No
6. [	Partial interest transfer. Was less than 100 percent of the property transferred? If <b>yes</b> , indicate the percentage	18.	Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	🗌 Yes	🗌 No
5.	traded or exchanged for other real property or tangible personal property.         Merger or stock acquisition.		Was this transfer between family members or related businesses?	☐ Yes	□ No
4. 🗌	<b>Trade or exchange.</b> The above described property has been	16	Was this transaction the termination of a joint tenancy interest?	🗌 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?	🗌 Yes	🗌 No
_	in which the seller retains legal title to it after the buyer takes possession.	14.	etc.? . Was th <mark>is</mark> transaction only a correction of the name(s) of persons or entities holding title?	□ Yes	🗌 No

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

## EF-502-G-R06-0516-14000276-2 BOE-502-G (P2) REV. 6 (05-16)

## B. **PROPERTY INFORMATION** (Complete each item as it applies to this transaction.)

1.	Seller's name and address:				
2.	Field name:	Lease name:		Parcel number:	
3.	Date sales agreement or let	ter of intent signed:	Ef	ffective transfer date:	
4.	Closing date:	Recording doc	ument: Number:	Date:	
5.		number of person with purchasing firm wh		e transaction and would be available to answer que	stions
6.	Name, address, and phone	number of any consultants used in conne	ction with the transa	action:	
7.		port decimal fractions out of total; e.g., 0.8		rking interest owners & percentages:	
8.	Number of wells: Producin	g Injection	All	idle Other	
9.	Productive acres in the parc	el:	Total acres	s in the parcel:	
10.	Production rates at acquisiti	on: Oilb/d O	Gas	mcf/d Water	b/d
	Price received for oil and ga			\$/b_ Gas	S/mcf
12.	Oil gravity:	API Gas:	btu/mcf	Average producing depth:	ft
	Proved reserves: Dev			bl Gas	mcf
		eloped: Oil	bt	bl Gas	mcf
14.				stablishing a purchase price?  Yes No	
15. <b>C.</b>	<ul> <li>most relied upon in estat</li> <li>b. If no, please explain in S</li> <li>Please enclose a copy of the</li> <li>a. The sales agreement or agreements.</li> <li>b. A complete listing of all a wells and related equipm</li> <li>c. The allocation to your co</li> <li>PURCHASE PRICE OR TR</li> <li>Terms: Total purchase price</li> </ul>	Dishing the purchase price. Section D how the purchase price was det a following: contract including all exhibits and amend sests acquired and liabilities assumed in sent, separately. mpany books of the total acquisition price ANSFER AMOUNT INFORMATION e:	ermined. ments thereto, as we the acquisition, if no e, by specific items.	or analyses. Please identify the analysis or appraise ell as other related agreements or contracts, such a bit included in item 15a. Please list each lease, inclu to seller: Interest rate(s):	as loan uding
		x, seller, etc.):			
D.	Purchase price allocated to:	Fixed plant & equipment:		Moveable equipment	
		CERTI	FICATION		
Part	nership inc poration de		cuments, is true, corre	tate of California that the foregoing and all information ect and complete to the best of my knowledge and bei ner.	
NAM	E OF ASSESSEE OR AUTHORIZED A	GENT (typed or printed)		TITLE	
SIGN	ATURE OF ASSESSEE OR AUTHORI	ZED AGENT		DATE	
NAM	E OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUMBER	
PREI	PARER'S NAME AND ADDRESS (type	d or printed)		TITLE	
DAY1 (	IME TELEPHONE NUMBER	E-MAIL ADDRESS			

