EF-502-G-R06-0516-14000136-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

County of Inyo Dave Stottlemyre, Assessor

P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us

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 thing of the property is one of		
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if you unowered no to 21 or 22, attach a copy of the dust		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



B.	PROPERTY INFORMATION (Complete each item as it appl	es to this transaction.)
1.	Seller's name and address:	
2.	Field name: Lease name	: Parcel number:
3.	Date sales agreement or letter of intent signed:	Effective transfer date:
4.	Closing date: Recor	ding document: Number: Date:
5.	Name, address and phone number of person with purchasing relative to the transaction:	firm who is familiar with the transaction and would be available to answer questions
6.	Name, address, and phone number of any consultants used	n connection with the transaction:
7.	Interest acquired (please report decimal fractions out of totals	e.a., 0.875 out of 1.000).
		Other working interest owners & percentages:
8.	Number of wells: Producing Injection	n All idle Other
		Total acres in the parcel:
10.		b/d Gasb/d
	Price received for oil and gas at acquisition: Oil	\$/b Gas \$/mcf
	Oil gravity: API Gas:	btu/mcf Average producing depth:ft
	Proved reserves: Developed: Oil	
	Undeveloped: Oil	
14.		analyses made to assist in establishing a purchase price?
		ons, cash flow projections or analyses. Please identify the analysis or appraisal
15.	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 $% \left\{ 1,2,\ldots ,n\right\}$
	agreements.	
	 A complete listing of all assets acquired and liabilities ass wells and related equipment, separately. 	umed in the acquisition, if not included in item 15a. Please list each lease, including
	c. The allocation to your company books of the total acquisi	ion price, by specific items.
C.	PURCHASE PRICE OR TRANSFER AMOUNT INFORMATI	ON
	Terms: Total purchase price:	Cash to seller:
	Production and/or conventional loan(s):	Amount(s): Interest rate(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 tran <mark>sfer which s</mark> hould be called to the attention of the Assessor.)
		CERTIFICATION
Par	including any accompanying statement declaration is binding on each and	nerjury under the laws of the State of California that the foregoing and all information hereon, ats or documents, is true, correct and complete to the best of my knowledge and belief. This every co-owner and/or partner.
	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	TITLE
SIGN	IATURE OF ASSESSEE OR AUTHORIZED AGENT	DATE
NIANA	E OF ENTITY (hand as printed)	FEDERAL EMPLOYED ID MUMDER
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	

