EF-502-G-R05-1111-15000351-1 BOE-502-G (P1) REV. 5 (11-11)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

Kern County Assessor and Recorder

1115 Truxtun Avenue Bakersfield CA 93301-4639 (661) 868-3485

Laura Avila

File this statement by:

BUYER/TRANSFEREE	RECORDING DATA
MAILING ADDRESS	Date Recorded:
INALINO ADDITEGO	Document Number:
SELLER/TRANSFEROR	Assessor's Identification Number: MB PG PCL
NAME IN CARDESCO	Phone Numbers:
MAILING ADDRESS	
FIELD LEASE	Buyer:
	Seller:
IMPORTANT NOTICE	Sec: Twp: Rng:
	erty or manufactured home subject to local property taxation, and that i
	tatement with th <mark>e County Recorder</mark> or Asse <mark>ss</mark> or. The C <mark>ha</mark> nge in Ownershi not recorded, within 90 days of the date of the change in ownership, excep
that where the change in ownership has occurred by reason of dea	ath the statement shall be filed within 150 days after the date of death or, i
	ppraisal is filed. The failure to file a Change in Ownership Statement within a penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the
	ownership of the real property or manufactured home, whichever is greater
	ligible for the homeowners' exemption or twenty thousand dollars (\$20,000
roll and shall be collected like any other delinquent property taxes,	failure to file was not willful. This penalty will be added to the assessmen
	ndicate the method by which you acquired an interest in the property.)
1. Purchase (complete Sections B and C on the reverse side).	13. Was this transfer solely between husband and wife,
1. Purchase (complete Sections B and C on the reverse side).	addition of a spouse, divorce settlement, etc.?
2. Land Sales Contract. A contract for the purchase of property	14. Was this transaction only a correction of the
in which the seller retai <mark>ns</mark> legal title to it after the buyer takes possession.	name(s) of persons or entities holding title to
	the property?
3. Inheritance. Transfer by will or intestate succession. Date of death	15. If you hold title to this property as a joint tenant,
Relationship to deceased	is the seller or transferor also a joint tenant?
4. Trade or exchange. The above described property has been	16. Was this transaction the termination of a joint
 Trade or exchange. The above described property has been traded or exchanged for other real property or tangible persona 	tenancy interest?
property.	17. Was this transfer between family members or
5. Merger or stock acquisition.	related businesses?
	18. Was this document recorded to substitute a trustee
6. Partial interest transfer. Was less than 100 percent of the	under a deed of trust, mortgage, or other similar
property transferred? If yes , indicate the percentage transferred%.	document?
	19. Was this document recorded to create, assign,
7. Foreclosure or trustee sale.	or terminate a lender's interest in this property?
8. Gift.	20. Has this property been transferred to a trust?
o one	If yes , is the trust: Revocable Irrevocable
9. Life estate.	21. If the trust is irrevocable, is the transferor or the
10. Reconveyance (pay-off).	transferor's spouse the sole present beneficiary?
10. L Reconveyance (pay-off).	22. Does this property revert to the transferor in
11. Creation or assignment of a lease:	12 years or less? (Clifford Trust)
(date)	If you answered no to 21 or 22, attach a copy of the trust
12. Termination of a lease:	agreement.
(date)	(Please complete the reverse side.)

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.	5. Name, address and phone number of person with purchasing firm who is familiar with the transaction and would be available to answer questions relative to the transaction:		
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		

