EF-502-G-R05-1111-15000347-1 BOE-502-G (P1) REV. 5 (11-11)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

Kern County Assessor and Recorder
1115 Truxtun Avenue

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
AMULINO APPRESO	Phone Numbers:
MAILING ADDRESS	
FIELD LEASE	Buyer:
	Seller:
IMPORTANT NOTICE	Sec: Twp: Rng:
	perty or manufactured home subject to local property taxation, and that i
	t <mark>ateme</mark> nt 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,
	ppraisal is filed. The failure to file a Change in Ownership Statement within in a penalty of either: (1) one hundred d <mark>oll</mark> ars (\$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,	t fai <mark>lu</mark> re to file was not wi <mark>llf</mark> ul. This pe <mark>na</mark> lty will be added to the assessmer
	indicate 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,
	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 personal 	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. Lagranus 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



В.	PROPERTY INFORMATION (Complete each item as it	applies to this transaction.)
1.	Seller's name and address:	
2.	Field name: Lease r	ame: Parcel number:
3.	Date sales agreement or letter of intent signed:	Effective transfer date:
4.	Closing date: R	ecording document: Number: Date:
5.	Name, address and phone number of person with purcharelative to the transaction:	sing firm who is familiar with the transaction and would be available to answer question
6.	Name, address, and phone number of any consultants u	sed in connection with the transaction:
7.	Interest acquired (please report decimal fractions out of t	otal; e.g., 0.875 out of 1.000).
		Other working interest owners & percentages:
8.	Number of wells: Producing Inj	ection All idle Other
		Total acres in the parcel:
	Production rates at acquisition: Oil	b/d Gasb/c
	Price received for oil and gas at acquisition: Oil	\$/b Gas\$/mcl
	Oil gravity:API Gas:	
	Proved reserves: Developed: Oil	
	Undeveloped: Oil	
14.		ner analyses made to assist in establishing a purchase price?
	 a. If yes, please enclose copies of those appraisals, evanost relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price. 	luations, cash flow projections or analyses. Please identify the analysis or appraisal rice was determined.
15.	Please enclose a copy of the following:	
	The sales agreement or contract including all exhibits agreements.	and amendments thereto, as well as other related agreements or contracts, such as loa
	 A complete listing of all assets acquired and liabilities wells and related equipment, separately. 	assumed in the acquisition, if not included in item 15a. Please list each lease, including
C.	c. The allocation to your company books of the total acc PURCHASE PRICE OR TRANSFER AMOUNT INFORM	
	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.):	
D.	Purchase price allocated to: Fixed plant & equipment: _ REMARKS (Please include below any additional informal	Moveable equipmenttion about the sale or transfer which should be called to the attention of the Assessor.)
		CERTIFICATION
Pari	including any accompanying state poration declaration is binding on each	of perjury under the laws of the State of California that the foregoing and all information here ements or documents, is true, correct and complete to the best of my knowledge and belief. T and every co-owner and/or partner.
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	'

