EF-502-G-R06-0516-20000026-1 BOE-502-G (P1) REV. 6 (05-16)

File this statement by:

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

Brett Frazier Madera County Assessor

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacounty.com/government/assessor

DUNED/TI	DANOFFRE		RECORDING DATA		
DUTEK/II	RANSFEREE				
MAILING	ADDRESS		Date Recorded:		—
			Document Number:		-
SELLER/I	RANSFEROR		Assessor's Identification Number:	DCI	
			MB PG	PCL	
MAILING	ADDRESS		Phone Numbers:		
FIELD	LEASE		Buyer:		
FIELD	LEASE		Seller:		
	DTANT NOTICE		Sec: Twp: Rr	ng:	
_	ORTANT NOTICE			-41	
	v requires any tran <mark>sfe</mark> ree acq <mark>ui</mark> ring an i <mark>nte</mark> rest <mark>in real proper</mark> ed by the county assessor, to file a Change in Ownership State				
Statem	ent must be filed at the time of recording or, if the transfer is no	t reco	rded, within 90 days of the date of the change in or	wnership, e	except
	ere the change in ownership has occurred by reason of death				
	ate is probated, shall be filed at the time the inventory and app s from the date of a written request by the Assessor results in a				
	pplicable to the new base year value reflecting the change in ow				
but not	to exceed five thousand dollars (\$5,000) if the property is eligi	ible fo	r the homeowners' exemption or twenty thousand	dollars (\$20	0,000)
	roperty is not eligible for the homeowners' exemption if that fa			the assess	sment
	I shall be collected like any other delinquent property taxes, and RANSFER INFORMATION (Check the appropriate boxes to indi-	_		property.)	
1. 🗆	Purchase (complete Sections B and C on the reverse side).		Was this transfer/addition solely between spouses	, , , ,	
1. 🗀	Pulchase (complete Sections B and C on the reverse side).	10.	or registered domestic partners, divorce settlement,	Yes	□ No
2. 🔲	Land Sales Contract. A contract for the purchase of property		etc.?		
	in which the seller retains legal title to it after the buyer takes possession.	14	Was this transaction only a correction of the		
	possession.		name(s) of persons or entities holding title?	Yes	☐ No
3. 🗆	Inheritance. Transfer by will or intestate succession.	15	If you hold title to this property as a joint tenant,		
	Date of death	-15.	is the seller or transferor also a joint tenant?	☐ Yes [No
	Relationship to deceased	10	•		
4.	Trade or exchange. The above described property has been	16.	Was this transaction the termination of a joint	Yes	
	traded or exchanged for other real property or tangible personal		tenancy interest?	□ res L	NO
	property.	17.	Was this transfer between family members or		_
5.	Merger or stock acquisition.		related businesses?	Yes	l No
		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?	☐ Yes L	No
	(i.d.) Sierreu	19.	Was this document recorded to create, assign,		_
7.	Foreclosure or trustee sale.		or terminate a lender's interest in this property?	☐ Yes ☐	No
• 🗆	211	20.	Has this property been transferred to a trust?	Yes	☐ No
8. ∟	Gift.		If yes , is the trust: Revocable Irrevocable		
9.	Life estate.	21	If the trust is irrevocable, is the transferor or the		
·. —			transferor's spouse or registered domestic	☐ Yes [☐ No
10.	Reconveyance (pay-off).		partner the sole present beneficiary?		
_					
11.	Creation or assignment of a lease:	22.	Does this property revert to the transferor in		¬
_	(date)		12 years or less? (Clifford Trust)	☐ Yes	No
12.	Termination of a lease:		If you answered no to 21 or 22, attach a copy of t	the trust	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

agreement.

(date)



В.	PROPERTY INFORMATION (Complete each item as it appl	lies to this transaction.)			
1.	Seller's name and address:				
2.	Field name: Lease name	e: Parcel number:			
3.	Date sales agreement or letter of intent signed:	Effective transfer date:			
4.	Closing date: Recor	rding document: Number: Date:			
5.	Name, address and phone number of person with purchasing relative to the transaction:	g firm who is familiar with the transaction and would be available to answer	questions		
6.	Name, address, and phone number of any consultants used	in connection with the transaction:			
7.	Interest acquired (please report decimal fractions out of total,	; e.g., 0.875 out of 1.000).			
	Revenue interest: Working interest:	Other working interest owners & percentages:			
8.	Number of wells: Producing Injectio	on All idle Other			
9.	Productive acres in the parcel:	Total acres in the parcel:			
10.	Production rates at acquisition: Oil		b/d		
	Price received for oil and gas at acquisition: Oil	\$/b Gas	\$/mcf		
	Oil gravity:API Gas:		ft		
	Proved reserves: Developed: Oil	bbl Gas	mcf		
	Undeveloped: Oil —		mcf		
14.		analyses made to assist in establishing a purchase price?			
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 ass wells and related 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 other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such amendments thereto, as well as other related agreements or contracts, such as the second of the s	ich as Ioan		
	. ,	Amount(s): Interest rate(s):			
	Source(s) of financing (bank, seller, etc.):				
D.	Purchase price allocated to: Fixed plant & equipment:	Moveable equipmentabout the sale or transfer which should be called to the attention of the Ass			
		CERTIFICATION			
Pari Cor Oth	nership including any accompanying statement declaration is binding on each and er				
NAM	E OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	TITLE			
SIGN	ATURE 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				

