CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



John Tuteur Napa County Assessor-Clerk-Recorder 1127 First St Room 128 Napa, CA 94559 PH: (707) 253-4467 FAX: (707) 253-6171

BUYER/TRANSFEREE	RECORDING DATA
	Date Recorded:
MAILING ADDRESS	Document Number:
	Assessor's Identification Number:
SELLER/TRANSFEROR	MB PG PCL
MAILING ADDRESS	Phone Numbers:
FIELD	Buyer: () Seller: ()
assessed by the county assessor, to file a Change in Ownership State Statement must be filed at the time of recording or, if the transfer is no that where the change in ownership has occurred by reason of death the estate is probated, shall be filed at the time the inventory and app 90 days from the date of a written request by the Assessor results in a taxes applicable 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	Sec:Twp:Rng: y or manufactured home subject to local property taxation, and that is ament with the County Recorder or Assessor. The Change in Ownership t recorded, within 90 days of the date of the change in ownership, except the statement shall be filed within 150 days after the date of death or, if raisal is filed. The failure to file a Change in Ownership Statement within penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the mership of the real property or manufactured home, whichever is greater, ble for the homeowners' exemption or twenty thousand dollars (\$20,000) ilure to file was not willful. This penalty will be added to the assessment d be subject to the same penalties for nonpayment.
A. TRANSFER INFORMATION (Check the appropriate boxes to indi	cate the method by which you acquired an interest in the property.)
 Purchase (complete Sections B and C on the reverse side). Land Sales Contract. A contract for the purchase of property in which the seller retains legal title to it after the buyer takes possession. 	 13. Was this transfer/addition solely between spouses or registered domestic partners, divorce settlement, Yes No etc.? 14. Was this transaction only a correction of the

- 3. Inheritance. Transfer by will or intestate succession.
 Date of death ______
 Relationship to deceased ______
- 4. Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal property.
- 5. Merger or stock acquisition.
- 6. **Partial interest transfer.** Was less than 100 percent of the property transferred? If **yes**, indicate the percentage transferred ______%.
- 8. Gift.
- 9. Life estate.
- 10. Reconveyance (pay-off).

12. Termination of a lease:

11. Creation or assignment of a lease:

(date)

(date)

related businesses?
Yes No
18. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?
Yes No
19. Was this document recorded to create, assign, or terminate a lender's interest in this property?
Yes No
20. Has this property been transferred to a trust? If yes, is the trust: Revocable Irrevocable
21. If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic
Yes No

🗌 Yes 🗌 No

🗌 Yes 🗌 No

15. If you hold title to this property as a joint tenant,

is the seller or transferor also a joint tenant?

Was this transfer between family members or

16. Was this transaction the termination of a joint

tenancy interest?

17.

22. Does this property revert to the transferor in 12 years or less? (*Clifford Trust*)

partner the sole present beneficiary?

If you answered no to 21 or 22, attach a copy of the trust agreement.

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

EF-502-G-R06-0516-28000199-2 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 lette	er of intent signed:		Effective transfer date:		
4.	Closing date:	Recording do	cument: Number: .	Date:		
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 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: Other working interest owners & percentages:					
8.	Number of wells: Producing	Injection	/	All idle Other		
9.	Productive acres in the parce	əl:	Total ac	pres in the parcel:		
10.	Production rates at acquisition	pn: Oilb/d	Gas	mcf/d Waterb/d		
11.	Price received for oil and gas	at acquisition: Oil		\$/b Gas\$/mcf		
12.	Oil gravity:	API Gas:	btu/mcf	Average producing depth: ft		
		eloped: Oil				
	Undeve	eloped: Oil		_bbl Gasmcf		
14.			s made to assist in	n establishing a purcha <mark>se</mark> price? 🔲 Yes 🔲 No		
15. C.	 a. If yes, please enclose copies of those appraisals, evaluations, cash flow projections or analyses. Please identify the analysis or appraisal most relied upon in establishing the purchase price. b. If no, please explain in Section D how the purchase price was determined. 5. 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 agreements. b. A complete listing of all assets acquired and liabilities assumed in the acquisition, if not included in item 15a. Please list each lease, including wells and related equipment, separately. c. The allocation to your company books of the total acquisition price, by specific items. PURCHASE PRICE OR TRANSFER AMOUNT INFORMATION Terms: Total purchase price: Production and/or conventional loan(s): Amount(s): Amount(s): 					
D.	Source(s) of financing (bank, seller, etc.):Purchase price allocated to: Fixed plant & equipment: Moveable equipment REMARKS (Please include below any additional information about the sale or transfer which should be called to the attention of the Assessor.)					
		CERT	IFICATION			
Part	nership incl poration dec		cuments, is true, co	e State of California that the foregoing and all information hereon, orrect and complete to the best of my knowledge and belief. This artner.		
	E OF ASSESSEE OR AUTHORIZED AG	GENT (typed or printed)		TITLE		
SIGN	ATURE OF ASSESSEE OR AUTHORIZ	ZED AGENT		DATE		
NAME OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUMBER			
PREI	PARER'S NAME AND ADDRESS (typed	or printed)		TITLE		
DAY" (TIME TELEPHONE NUMBER	E-MAIL ADDRESS				

