CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



Steve J. Bestolarides Assessor-Recorder-County Clerk San Joaquin County

44 N San Joaquin Street Suite 230 Stockton, CA 95202-3273 Telephone (209) 468-2658 www.sjgov.org/assessor_recorder

BUYER/TRANSFEREE			RECORDING DATA				
			Date Recorded:				
MAILING	ADDRESS		Document Numb	er:			
SELLER/	FRANSFEROR		Assessor's Identi	fication Num	iber:		
OLLLIU			Ν	ЛВ	PG	PCL	
MAILING	ADDRESS		Phone Numbers:				
		_	Buyer: ()				
FIELD	LEASE		Seller:		Λ		
		Sec:	Twp:	Rr	ng:		
	ORTANT NOTICE w requires any transferee acquiring an interest in real property		rad hama aubiast		portu tovi	tion on	t that is
	ed by the county assessor, to file a Change in Ownership State						
	ent must be filed at the time of recording or, if the transfer is no						
	here the change in ownership has occurred by reason of death						
	ate is probated, shall be filed at the time the inventory and appr						
	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 to exceed five thousand dollars (\$5,000) if the property is eligit						
	roperty is not eligible for the homeowners' exemption if that fai						
	d shall be collected like any other delinquent property taxes, an						
A. TF	RANSFER INFORMATION (Check the appropriate boxes to indi	icate the method	l by which you acqu	uired an inte	rest in the	e property	<u>()</u>
1.	Purchase (complete Sections B and C on the reverse side).	13 Was this	transfer/addition sole	elv between s	spouses		
··	r ruchase (complete sections B and C on the reverse side).		red domestic partne			🗌 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		s transaction only a correction of the				
	possession.		of persons or entities			🗌 Yes	🗌 No
3.	Inheritance. Transfer by will or intestate succession.						
	Date of death		d title to this property				Π
	Relationship to deceased	is the sell	er or transferor also	a joint tenan	ť?	⊥ Yes	L No
4.	Trade or exchange. The above described property has been	16. Was this	transaction the termi	nation of a jo	pint	_	_
	traded or exchanged for other real property or tangible personal	tenancy in	nterest?			Yes	L No
	property.	17. Was this	Was this transfer between family members or				
			usinesses?			🗌 Yes	🗌 No
5. ∟	Merger or stock acquisition.		Was this document recorded to substitute a trustee				
6.	Partial interest transfer. Was less than 100 percent of the		document recorded f leed of trust, mortgad				
0.	property transferred? If yes, indicate the percentage	documen	, 0,0		innia	Yes	No
	transferred%.	uocumen	.:				

- 7. Foreclosure or trustee sale.
- 8. Gift.
- 9. Life estate.
- 10. Reconveyance (pay-off).

12. Termination of a lease:

11. Creation or assignment of a lease:

(date) (date)

			 -	

	If you answered no to 21 or 22, attach a copy of the trust agreement.			
22.	Does this property revert to the transferor in 12 years or less? (Clifford Trust)	Yes	🗌 No	
21.	If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic partner the sole present beneficiary?	☐ Yes	🗌 No	
20.	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	Yes	🗌 No	

🗌 Yes 🗌 No

19. Was this document recorded to create, assign,

or terminate a lender's interest in this property?

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



EF-502-G-R06-0516-39000395-2 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 letter of intent signed: Effective transfer date:			transfer date:				
4.	Closing date:	Recording docum	ient: Number:	Date:				
5.		er of person with purchasing firm who is		action and would be available to answer questions				
6.	5. Name, address, and phone number of any consultants used in connection with the transaction:							
7.	 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	Injection	All idle	Other				
9.	Productive acres in the parcel:		Total acres in the	parcel:				
10.	Production rates at acquisition:	Oilb/d Gas	s	mcf/d Waterb/d				
	Price received for oil and gas at a		\$/b G	Gas\$/mcf				
12.	Oil gravity:	API Gas:	btu/mcf Averag	e producing depth:ft				
	Proved reserves: Develope			as mcf				
	Undevelope		bbl Ga	asmcf				
14.				ning a purchase price?				
15.	 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.	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: Cash to seller:							
				Interest rate(s):				
	Source(s) of financing (bank, sell		(inouni(o).					
	Purchase price allocated to: Fix		Movo	able equipment				
D.				ould be called to the attention of the Assessor.)				
		CERTIFIC	CATION					
Prop Part	nership including	(or declare) under penalty of perjury under	r the laws of the State of (nents, is true, correct and	California that the foregoing and all information hereon, complete to the best of my knowledge and belief. This				
	E OF ASSESSEE OR AUTHORIZED AGENT	(typed or printed)		TITLE				
SIGN	ATURE OF ASSESSEE OR AUTHORIZED A	GENT		DATE				
NAMI	E OF ENTITY (typed or printed)			FEDERAL EMPLOYER ID NUMBER				
PREF	PARER'S NAME AND ADDRESS (typed or pri	inted)		TITLE				
DAYT	IME TELEPHONE NUMBER E-M	IAILADDRESS		1				

