EF-502-G-R06-0516-44000037-1 BOE-502-G (P1) REV. 6 (05-16)

CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

County of Santa Cruz Assessor 701 Ocean Street, Rm. 130

Santa Cruz, CA 95060 Phone: 831-454-2002

Sheri Thomas

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File this statement by:

BUYER/TRANSFEREE	RECORDING DATA
MAILING ADDRESS	Date Recorded:
MINICIA ABOVECO	Document Number:
SELLER/TRANSFEROR	Assessor's Identification Number:
	MB PG PCL Phone Numbers:
MAILING ADDRESS	
FIELD LEASE	Buyer: ()
	Seller:
IMPORTANT NOTICE	Sec: Twp: Rng:
The law requires any transferee acquiring an interest in real proper	rty or manufac <mark>tu</mark> red <mark>ho</mark> me subj <mark>ec</mark> t to local property taxation, and that is
	tement with the County Recorder or Assessor. The Change in Ownership
	ot recorded, within 90 days of the date of the change in ownership, except h the statement shall be filed within 150 days after the date of death or, if
the estate is probated, shall be filed at the time the inventory and app	praisal is filed. The failure to file a Change in Ownership Statement within
90 days from the date of a written request by the Assessor results in	a penalty of either: (1) one hundred dollars (\$100); or (2) 10 percent of the wnership of the real property or manufactured home, whichever is greater,
	pible for the homeowners' exemption or twenty thousand dollars (\$20,000)
if the property is not eligible for the homeowners' exemption if that fa	a <mark>llu</mark> re to file was not willful. This penalty will be added to the assessment
roll and shall be collected like any other delinquent property taxes, a	
A. TRANSFER INFORMATION (Check the appropriate boxes to inc	dicate the method by which you acquired an interest in the property.)
1. Durchase (complete Sections B and C on the reverse side).	13. Was this transfer/addition solely between spouses
2. Land Sales Contract. A contract for the purchase of property	or registered domestic partners, divorce settlement, Yes No
in which the seller retains legal title to it after the buyer takes	etc.?
possession.	14. Was this transaction only a correction of the name(s) of persons or entities holding title?
3. Inheritance. Transfer by will or intestate succession.	The state of the s
Date of death	15. If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?
Relationship to deceased	·
4. Trade or exchange. The above described property has been	16. Was this transaction the termination of a joint tenancy interest?
traded or exchanged for other real property or tangible personal	
property.	17. Was this transfer between family members or related businesses?
5. Merger or stock acquisition.	
6. Partial interest transfer. Was less than 100 percent of the	18. Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar
property transferred? If yes , indicate the percentage	document?
transferred %.	19. Was this document recorded to create, assign,
7. Foreclosure or trustee sale.	or terminate a lender's interest in this property?
Stociodate of tradice date.	
8. Gift.	20. Has this property been transferred to a trust? ☐ Yes ☐ No If yes , is the trust: ☐ Revocable ☐ Irrevocable
9. Life estate.	
e. Line estate.	21. If the trust is irrevocable, is the transferor or the transferor's spouse or registered domestic
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 12 years or less? (Clifford Trust) Yes No
(date)	12 yours of loos. (omista hady
12. Lagrantian of a lease:	If you answered no to 21 or 22, attach a copy of the trust agreement.

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



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	essor.)
		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		

