CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:



William F Rousseau Sonoma County Clerk-Recorder-Assessor 585 Fiscal Drive, Room 104 Santa Rosa, CA 95403 TELEPHONE: (707) 565-1888 FAX: (707) 565-3317

BUYER/TRANSFEREE	RECORDING DATA			
	Date Recorded:			
MAILING ADDRESS	Document Number:			
SELLER/TRANSFEROR	Assessor's Identification Number:			
SELLERVIRANOFEROR	MB PG PCL			
MAILING ADDRESS	Phone Numbers:			
FIELD	Buyer: () Seller:			
IMPORTANT NOTICE	Sec: Twp: Rng:			
The law requires any transferee acquiring an interest in real property or m				
assessed by the county assessor, to file a Change in Ownership Statement v Statement must be filed at the time of recording or, if the transfer is not recor				
that where the change in ownership has occurred by reason of death the sta				
the estate is probated, shall be filed at the time the inventory and appraisal is				
90 days from the date of a written request by the Assessor results in a penal				
taxes applicable to the new base year value reflecting the change in ownershi but not to exceed five thousand dollars (\$5,000) if the property is eligible for				
if the property is not eligible for the homeowners' exemption if that failure to				
roll and shall be collected like any other delinquent property taxes, and be su	bject to the same penalties for nonpayment.			
A. TRANSFER INFORMATION (Check the appropriate boxes to indicate th	e 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,			
2 Land Sales Contract. A contract for the purchase of property	addition of a spouse, divorce settlement, etc.?			
	Was this transaction only a correction of the			
	name(s) of persons or entities holding title to			

- 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 ______%.
- 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:

	addition of a spouse, divorce settlement, etc.?		L No
14.	Was this transaction only a correction of the name(s) of persons or entities holding title to the property?	Yes	🗌 No
15.	If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?	🗌 Yes	🗌 No
16.	Was this transaction the termination of a joint tenancy interest?	🗌 Yes	🗌 No
17.	Was this transfer between family members or related businesses?	🗌 Yes	🗌 No
18.	Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	Series 1	🗌 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	☐ Yes	🗌 No
21.	If the trust is irrevocable, is the transferor or the transferor's spouse the sole present beneficiary?	🗌 Yes	🗌 No

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

(Please complete the reverse side.)

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

(date)

(date)

EF-502-G-R05-1111-49000425-2 BOE-502-G (P2) REV. 5 (11-11)

B. PROPERTY INFORMATION (Complete each item as it applies to this transaction.)

1.	Seller's name and address:						
	Field name:						
3.	Date sales agreement or letter of intent signed:		E	ffective transfer date:			
4.	Closing date:	Recording docu	ment: Number:	Dat	e:		
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 fraction	s out of total: e.a. 0.87	75 out of 1 000)				
	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			idle C			
	Productive acres in the parcel:			s in the parcel:			
10.	Production rates at acquisition: Oil	b/d Ga	as	mcf/d Water	b/d		
	Price received for oil and gas at acquisition: O Oil gravity:API Gi			. \$/bGas Average producing depth:	\$/mcf		
	Proved reserves: Developed: Oil				mcf		
10.	Undeveloped: Oil				mcf		
14.	Were appraisals, evaluations, cash flow projecti						
15.	 a. If yes, please enclose copies of those appramost relied upon in establishing the purchase. b. If no, please explain in Section D how the purchase enclose a copy of the following: a. The sales agreement or contract including all agreements. 	e price. Irchase price was deter Il exhibits and amendme	rmined. ents thereto, as w	ell as other related agreement	s or contracts, such as loan		
C.	 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):	In	terest rate(s):		
	Source(s) of financing (bank, seller, etc.):						
D.	Purchase price allocated to: Fixed plant & equ REMARKS (<i>Please include below any additiona</i>	ipment:		Moveable equipment			
		CERTIF	ICATION				
Part	including any accompar poration declaration is binding		iments, is true, corr	State of California that the forego ect and complete to the best of r ner.	•		
	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 EMPLO	YER ID NUMBER		
PREI	PARER'S NAME AND ADDRESS (typed or printed)			TITLE			
DAY (TIME TELEPHONE NUMBER E-MAIL ADDRESS						

