CHANGE IN OWNERSHIP STATEMENT OIL AND GAS PROPERTY

File this statement by:

Stanislaus
County
Striving to be the Best

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BUYER/TRANSFEREE	RECORDING DATA			
MAILING ADDRESS	Date Recorded: Document Number:			
SELLER/TRANSFEROR	Assessor's Identification Number: MB PG PCL			
MAILING ADDRESS	Phone Numbers:			
FIELD	Buyer: () Seller: Twp: Rng:			
IMPORTANT NOTICE The law requires any transferee acquiring an interest in real property or manufac assessed by the county assessor, to file a Change in Ownership Statement with the Statement must be filed at the time of recording or, if the transfer is not recorded, wi that where the change in ownership has occurred by reason of death the statemen the estate is probated, shall be filed at the time the inventory and appraisal is filed. 90 days from the date of a written request by the Assessor results in a penalty of eit taxes applicable to the new base year value reflecting the change in ownership of the but not to exceed five thousand dollars (\$5,000) if the property is eligible for the how if the property is not eligible for the homeowners' exemption if that failure to file wa roll and shall be collected like any other delinquent property taxes, and be subject to	tured home subject to local property taxation, and that is county Recorder or Assessor. The Change in Ownership ithin 90 days of the date of the change in ownership, except it shall be filed within 150 days after the date of death or, if The failure to file a Change in Ownership Statement within ther: (1) one hundred dollars (\$100); or (2) 10 percent of the e real property or manufactured home, whichever is greater, meowners' exemption or twenty thousand dollars (\$20,000) is not willful. This penalty will be added to the assessment			
A. TRANSFER INFORMATION (Check the appropriate boxes to indicate the meth	od by which you acquired an interest in the property.)			
	is transfer/addition solely between spouses stered domestic partners, divorce settlement, Yes No			

12.	Termination of a lease:		If you answered no to 21 or 22, attach a copy of the agreement.	he trust	
11.	Creation or assignment of a lease: (date)	22.	Does this property revert to the transferor in 12 years or less? (<i>Clifford Trust</i>)	🗌 Yes	🗌 No
10.	Reconveyance (pay-off).		transferor's spouse or registered domestic partner the sole present beneficiary?	∐ Yes	∐ No
9.	Life estate.	21.	If the trust is irrevocable, is the transferor or the		_
8.	Gift.	20.	Has this property been transferred to a trust? If yes , is the trust: Revocable Irrevocable	☐ Yes	🗌 No
7.	transferred %. Foreclosure or trustee sale.	19.	Was this document recorded to create, assign, or terminate a lender's interest in this property?	🗌 Yes	🗌 No
6.	Partial interest transfer. Was less than 100 percent of the property transferred? If yes, indicate the percentage	18.	Was this document recorded to substitute a trustee under a deed of trust, mortgage, or other similar document?	Yes	🗌 No
5.	property. Merger or stock acquisition.		Was this transfer between family members or related businesses?	☐ Yes	🗌 No
4.	Trade or exchange. The above described property has been traded or exchanged for other real property or tangible personal	16.	Was this transaction the termination of a joint tenancy interest?	🗌 Yes	🗌 No
3.	Inheritance. Transfer by will or intestate succession. Date of death Relationship to deceased	15.	If you hold title to this property as a joint tenant, is the seller or transferor also a joint tenant?	🗌 Yes	🗌 No
	in which the seller retains legal title to it after the buyer takes possession.	14.	etc.? Was this transaction only a correction of the name(s) of persons or entities holding title?	☐ Yes	🗌 No

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

EF-502-G-R06-0516-50000118-2 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:				
4.	Closing date:	Recording document: Number:	Date:				
	 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.	S. 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 a	cres in the parcel:				
10.	Production rates at acquisition: Oil	b/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/mo	f Average producing depth: ft				
14.			n establishing a purchase price?				
	 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 						
C.	wells and related equipment, separately. c. The allocation to your company books of the total acquisition price, by specific items.						
			Interest rate(s):				
D.	Source(s) of financing <i>(bank, seller, etc.)</i> : Purchase price allocated to: Fixed plant & eq	juipment:	Moveable equipment which should be called to the attention of the Assessor.)				
		CERTIFICATION					
Prop Part	including any accompany poration declaration is binding		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 AGENT (typed or printed)		TITLE				
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT			DATE				
NAM	E OF ENTITY (typed or printed)	FEDERAL EMPLOYER ID NUMBER					
PREI	PARER'S NAME AND ADDRESS (typed or printed)	TITLE					
DAYT	TIME TELEPHONE NUMBER E-MAIL ADDRESS						

