

**BEFORE THE CORPORATION COMMISSION OF THE STATE OF OKLAHOMA**

**APPLICANT:**

**RELIEF SOUGHT: CHANGE OF OPERATOR DESIGNATION**

**Cause CD No. 202**

**LEGAL DESCRIPTION:**

**APPLICATION FOR CHANGE OF OPERATOR DESIGNATION**

Comes now the Applicant, and shows the Corporation Commission the following:

- 1. That OAC 165:5-7-11 addresses designations of operator under forced pooling orders, location exception orders, and increased density orders.
- 2. The names and addresses of each person being made a Respondent to this Application are shown on Exhibit "A" attached hereto.
- 3. The Applicant respectfully requests that the following orders be amended to allow for the following:

Change of Operator

Delete Designation of Operator

| Order Number | Date | Type of Order | Legal Description |
|--------------|------|---------------|-------------------|
|--------------|------|---------------|-------------------|

(See Exhibit "B" for additional Orders.)

4. The Applicant hereby submits applicable well information regarding the above-referenced Orders:

| Order<br>No. | Well Name | API No. | Legal Description | Class | OTC Lease<br>No. |
|--------------|-----------|---------|-------------------|-------|------------------|
|--------------|-----------|---------|-------------------|-------|------------------|

(See Exhibit "B" for applicable well information regarding additional Orders.)

5.

**a. Forced Pooling Orders.**

The Applicant respectfully requests that the Commission grant this Application and

**Delete as Operator:**

**Operator Name:**

**Address:**

**City, State, Zip:**

**OCC/OTC Operator Number:**

under the forced pooling Order(s) and applicable well(s) listed above and under any forced pooling Order(s) and applicable well(s) listed in Exhibit "B" attached hereto, and

**Designate as Operator:**

**Operator Name:**

**Address:**

**City, State, Zip**

**OCC/OTC Operator Number:**

under the forced pooling order(s) and applicable well(s) listed above and under any forced pooling Order(s) and applicable well(s) listed in Exhibit "B" attached hereto.

**b. Increased Density and Location Exception Orders:**

The Applicant respectfully requests that the Commission grant this Application and

**Delete as Operator:**

**Operator Name:**

**Address:**

**City, State, Zip:**

**OCC/OTC Operator Number:**

under the increased density and/or location exception order(s) and applicable well(s) listed above and under any increased density and/or location exception order(s) and applicable well(s) listed in Exhibit "B" attached hereto, and

**Designate as Operator:**

**Operator Name:**

**Address:**

**City, State, Zip**

**OCC/OTC Operator Number:**

under the increased density and/or location exception order(s) and applicable well(s) listed above and under any increased density and/or location exception order(s) and applicable well(s) listed in Exhibit "B" attached hereto.

**c. Surety Information for New Operator:**

Surety Instrument Type (Certificate of Deposit/Cashier's  
Check/Bond/Financial Statement/Letter of Credit, Other):

Amount of Surety (\$25,000.00, \$50,000.00, Other):

Surety Expiration Date:

Number of Wells:

Years as an Operator in Oklahoma:

Renewal Date of OCC Form 1006B Operator's Agreement:

The undersigned, of lawful age, states I am the:

- Applicant
- Authorized Agent of the Applicant
- Attorney for the Applicant

and I certify to the following:

I have read the application.

To the best of my knowledge, information and belief formed after reasonable inquiry the facts and allegations contained in the application are true and correct.

The application is not filed to harass or to cause unnecessary delay or needless expense.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and title (printed)

Date:

Applicant:

Address:

City, State, Zip:

OCC/OTC No.:

Telephone No.:

Facsimile No.:

Electronic mail address:

Bar Identification No.:

(if applicable)

**CERTIFICATE OF MAILING/CERTIFICATE OF SERVICE**

The undersigned, of lawful age, being first duly sworn upon oath, states I am the

Applicant  
Authorized Agent of the Applicant  
Attorney for the Applicant

I certify that on the \_\_\_ day of \_\_\_\_\_, 20\_\_ I mailed copies of the Application and Notice of Application or Notice of Hearing, as applicable, filed in this cause to the Respondents named in Exhibit "A" attached to this Application, at their respective addresses, in the following manner:

For change of operator designation under forced pooling Order(s), by first class United States certified mail, proper postage prepaid thereon, to the Respondents to the pooling Order(s) or to their successors in interest.

For change of operator designation under increased density and/or location exception Order(s), by first class United States Mail, proper postage prepaid thereon, to each current working interest owner in the subject well(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (printed)

\_\_\_\_\_  
Bar Identification Number, if applicable

\*Signed and sworn to before me

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

\*Notary signature not required if Applicant's attorney signs above.

**Exhibit "A" Names and Addresses of Respondents to this Application**

**Respondent Name**

**Address**

**City, State, Zip**

Exhibit "B"

| Order Number | Date | Type of Order | Legal Description |
|--------------|------|---------------|-------------------|
|--------------|------|---------------|-------------------|

Applicable well information regarding the above-referenced Orders:

| Order No. | Well Name | API No. | Legal Description | Class | OTC Lease No. |
|-----------|-----------|---------|-------------------|-------|---------------|
|-----------|-----------|---------|-------------------|-------|---------------|