



Form 1073
Notice of transfer of oil or gas well operatorship
OAC 165:5-3-1(b)(1)(P); OAC 165:10-1-7(b)(81)

PAYMENT REQUIRED
\$25.00 Per Well

API No.				OTC Prod. Unit No.			
Surface Location	Sec.	Twp.	Rge.	1/4	1/4	1/4	1/4
Ft FSL of Qtr Sec		Ft FWL of Qtr Sec		County			
Current Well Name/Number							
Original Well Name/Number							
Unit Name (if applicable)							
Use this form to transfer single oil or gas wells only.							
Producing formation(s)							

Well class: OIL GAS DRY

Specify a well status:

- New Drill Spud Active
- Temporarily Abandoned/Not plugged
- Terminated order/UIC well not plugged

DO NOT WRITE INSIDE THIS BOX

CURRENT OPERATOR

Name			OCC/OTC NO.
Address			
City	State	Zip	
Phone No.	FAX No./E-mail		
I verify that I am the legal operator of record with authority to transfer operatorship of this well, that the facts presented herein are true and correct, and that I have completed this form as required by the above instructions. (Signatory must be listed on company's Form 1006B Operator's Agreement)			
Signature			
Name & Title (Printed)			
Signed and sworn to before me			
This _____ day of _____, _____.			
			Notary public
My commission expires:			

NEW OPERATOR

Name			OCC/OTC NO.
Address			
City	State	Zip	
Phone No.	FAX No./E-mail		
Being the new operator, as of the effective date of transfer, I accept the facts presented as being true and correct and accept the operational responsibility for the well on the described property. (Signatory must be listed on company's Form 1006B Operator's Agreement)			
Signature			
Name & Title (Printed)			
Signed and sworn to before me			
This _____ day of _____, _____.			
			Notary public
My commission expires:			

I verify under oath that I have exercised due diligence in attempting to locate the current operator of record according to OCC records, who has abandoned the listed well/lease and cannot be located to obtain signature. I have attached a certified copy of the recorded lease or assignment, or certified copies of a journal entry of judgment or bankruptcy proceeding pursuant to OAC 165:10-1-15(b).

Signature: _____

Signed and sworn to before me this _____ day of _____, _____.

Notary Public: _____ My commission expires: _____

OCC USE ONLY		
	Surety	Approved Date
Well Records Review		