OIL AND GAS CONSERVATION DIVISION P.O. Box 52000 Oklahoma City, OK 73152-2000 405-521-2331 ogadmin@occ.ok.gov





DO NOT WRITE INSIDE THIS BOX

Form 1073I

Notice of transfer of underground injection well operatorship OAC 165:5-3-1(b)(1)(P); OAC 165:10-1-7(b)(82)

PAYMENT REQUIRED

\$25.00 per Well

Instructions:

- Required Payment: \$25.00
- Current Operator must attach Form 1012 report for year of transfer. (1012 must be current and up to date)
- Fill in the complete legal description below
- Attach the injection or disposal well's Form 1002A
- List OCC order/permit number for injection/disposal
- Attach MIT report (must be less than a year old) or (less than 30 days if commercial) (If you filed 1002A or MIT online, you do not need to attach)

API No. OTC Prod. Unit No.							i	l					
Surface Sec.	Twp.	Rge.						1					
Location	•			1/4	1/	/4 1/4	4 1/4						
Ft FSL of	F	t FWL of			County	<i>y</i>							
Qtr Sec	Q	tr Sec											
Current Well	<u></u>							\ \					
Name/Number								Well					
Original Well							☐ Injection						
Name/Number								☐ Non-Commercial Disposal ☐ Commercial Disposal					
Unit Name										_			
(if applicable)			_						nultaneous Ir				
OCC Order/ Date of last MIT:							☐ Natural Gas Storage ☐ Liquefied petroleum gas storage						
Permit No.								⊔ Liα	quefied petro	ieum gas s	storage		
CURRENT OPE	ERATOR		_		_	NEW O	PERATO	R					
Name				OCC/OT	TC NO	Name					OCC/OTC	NO	
Address						Address	3				1		
City		State	Zip			City			State	Zip			
hone FAX No. or E-mail				Phone FAX No. or E-mail									
No.						No.	No.						
I verify that I am the legal operator of record with authority to						Being the new operator, as of the effective date of transfer, I							
ransfer operatorship of this well, that the facts presented herein					herein						t and accept		
are true and con			mplete	d this for	rm as	operatio	onal respon	sibility for	the well or	1 the desc	cribed proper	ty.	
required by the above instructions.													
Signatory must be listed on company's Form 1006B Operator's Agreement)						(Signatory must be listed on company's Form 1006B Operator's Agreement)							
Signature						Signature							
Name & Title (Printed)					Name & Title (Printed)								
Signed and sworn to before me					Signed and sworn to before me								
This,						This,							
		Notary publ	ic						Notes	y public			
My commission expires:						My commission expires:							
IVI y CC	capito					<u> </u>	<u> </u>						

Date of Well Transfer:

If no current operator, please sign below:							
who has abandoned the listed v	vell/lease and cannot be located	npting to locate the current operator of record according to OCC records, to obtain signature. I have attached a certified copy of the recorded lease ent or bankruptcy proceeding pursuant to OAC 165:10-1-15(b).					
Signature:							
Signed and sworn to before me	e this day of	,					
Notary Public:		My commission expires:					
	00	CC USE ONLY					
Department:	Received	Approved Date					
Surety							
UIC							
Well Records							