Form 1073MW
Notice of transfer of multiple oil or gas well ownership
OAC 165:5-3-1(b)(1)(Q); OAC 165:10-1-7(b)(84)
PAYMENT REQUIRED
$\$ 250.00$ per Form

## Instructions:

1. Required Payment: $\$ 250.00$
2. Fill in the complete legal description on all successive pages.
3. Sort wells in order of "lowest to highest" by API number.
4. Use leading zeros for the section, township, and range.

CURRENT OPERATOR

| Name |  |  |  |
| :--- | :--- | :--- | :---: |
|  |  | OCC/OTC NO |  |
| Address | State | Zip |  |
| City | FAX No./E-mail |  |  |
| Phone <br> No. |  |  |  |
| I |  |  |  |

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 ____ My commission expires: |  |
|  |  |
|  |  |
|  |  |

No. of wells listed: $\qquad$

NEW OPERATOR

| Name |  | OCC/OTC NO |
| :--- | :--- | :--- |
| Address | State | Zip |
| City | FAX No./E-mail |  |
| Phone <br> No. | Being the new operator, as of the effective date of transfer, I <br> accept the facts presented as being true and correct and accept the <br> operational responsibility for the well on the described property. |  |

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 $\qquad$ day of $\qquad$ , .

| Signature |
| :--- |
| Name \& Title (Printed) |
| Signed and sworn to before me |
| This___ day of ___ My commission expires: |
| Motary public |

If no current operator, please sign below:

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: $\qquad$

Signed and sworn to before me this $\qquad$ day of $\qquad$ , $\qquad$ .

Notary Public: $\qquad$ My commission expires:

| OCC USE ONLY |  |  |
| :---: | :---: | :---: |
| Department: | Received |  |
| Surety |  |  |
| Well Records |  |  |
|  |  |  |

Fill out the table below, or copy and paste the information from your spreadsheet into the attached Excel file. The attached file may be seen by clicking on the paper clip icon at the far left. Double click on the Excel file "Well List.xlsx", copy and paste your data into the appropriate columns, save and close the attachment. Once the rest of the form is filled out, save the form and submit it with your payment.

| $\begin{array}{r} \ddot{0} \\ \breve{U} \\ \hline 0 \\ \hline \end{array}$ | 10 Digit API | Well Name | Well <br> Number | Type(Oil, Gas or Dry) | Status(ND, <br> SP, AC, TA, or TM | Sec | Twn | Rge | Qtr | Qtr | Qtr | Qtr | CM <br> If no Le <br> Blank | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

