



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)(76); OAC 165:10-1-15

PAYMENT REQUIRED \$25.00 - Fee refunds are prohibited under OAC 165:5-3-1(a)(2)-(3)

Instructions:

1. Required Payment: \$25.00
2. A Current Form 1002A Must Be On File With The OCC
3. Use Leading Zeros for Section, Township and Range
4. Fill in Complete Legal Description Below

| | | | | |
|--|---------|----------|-------|--------|
| API Number | | | | |
| Surface Location: | Section | Township | Range | |
| 1/4 | 1/4 | 1/4 | 1/4 | 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 Transferred From Orphan Well List

Well Class:

Oil Gas Dry WSW

Specify a well status:

- ☐ New Drill
☐ Spud
☐ Active
☐ Temporarily Abandoned/Not Plugged
☐ Terminated Order/UIC Not Plugged

CURRENT OPERATOR

| | | |
|--|--------|-------------|
| Name | | OCC/OTC NO. |
| Address | | |
| City | State | Zip |
| Phone No. | E-mail | |
| I verify that I am the current 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 | | Date |
| Printed Name | | |

NEW OPERATOR

| | | |
|---|--------|-------------|
| Name | | OCC/OTC NO. |
| Address | | |
| City | State | Zip |
| Phone 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 described herein. | | |
| (Signatory must be listed on company's Form 1006B Operator's Agreement) | | |
| Signature | | Date |
| Printed Name | | |

I declare under penalty of perjury that I am authorized to act on behalf of the applicant and that I have read this form and any attachments to this form, that I have knowledge of the contents of this form and any such attachments, which was/were prepared by me or under my supervision and direction, and that the facts and information set forth herein are true, correct, and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

Printed Name: _____

If no current operator, please review and complete the below verification:

I verify under oath that I have exercised due diligence to attempt to locate and obtain the signature of the current operator of record, according to OCC records, but no current operator can be located. Pursuant to OAC 165:10-1-15(b), I have attached a certified copy of a recorded lease or assignment, journal entry of judgment, or bankruptcy court proceeding by a court having jurisdiction over the well described herein.

Signature: _____ Date: _____

Printed Name: _____

OCC USE ONLY

| | | | |
|---------------------|----------------------|----------------------|-------------------------|
| Department: | Received Date | Approved Date | Disapproved Date |
| Surety | | | |
| Well Records | | | |

IF THIS TRANSFER IS DISAPPROVED YOU HAVE NINETY (90) DAYS FROM THE DATE OF THE DISAPPROVAL NOTIFICATION TO CORRECT ANY DEFICIENCIES. IF YOU FAIL TO CORRECT THE DEFICIENCIES AND RESUBMIT THE FORM 1073 WITHIN THE NINETY (90) DAY TIME PERIOD THE FORM 1073 SHALL BE CONSIDERED WITHDRAWN UNLESS THE TIME IS EXTENDED BY WRITTEN REQUEST FOR GOOD CAUSE SHOWN AS DETERMINED BY THE MANAGER OF FIELD OPERATIONS.