



10012

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); OAC 165:10-5-10

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 Form 1012/1012C/1012D For The Portion Of The Calendar Year Operated By Current Operator Must Be On File With The OCC
3. Fill In Complete Legal Description Below
4. A Current Form 1002A Must Be On File With The OCC
5. List OCC Order/Permit Number For Injection/Disposal
6. A Current Form 1075 Must Be On File With The OCC - 1 Year Prior To Date of Transfer or 30 Days Prior For Disposal Wells

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)				
OCC Order/Permit No.		Date of last MIT & Result:		

Well Transferred From Orphan Well List

Well class:

Enhanced Recovery Injection
Disposal
Commercial Disposal
Simultaneous Injection
Natural Gas Storage
Liquefied Petroleum Gas Storage

CURRENT OPERATOR

Name		OCC/OTC NO
Address		
City	State	Zip
Phone No.	FAX No. or 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.	FAX No. or 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 165:10-5-10(d), 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			
UIC			

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 1073I WITHIN THE NINETY (90) DAY TIME PERIOD THE FORM 1073I SHALL BE CONSIDERED WITHDRAWN UNLESS THE TIME IS EXTENDED BY WRITTEN REQUEST FOR GOOD CAUSE SHOWN AS DETERMINED BY THE MANAGER OF UNDERGROUND INJECTION CONTROL.

USE THIS PAGE TO REPORT PARTIAL CALENDAR YEAR VOLUMES TO DATE

Partial Volume Injection Report
Year

What is being injected? (Check all that apply)

What is the Packer Depth

Salt Water Gas Brine Fresh Water

CALCULATED

METERED

Pressure	Rate	Pressure	Rate
Jan		Jul	
Feb		Aug	
Mar		Sep	
Apr		Oct	
May		Nov	
Jun		Dec	

I declare that I have Knowledge of the contents of this report an am authorized by my organization to make this report which was prepared by me or under my supervision or direction with data and facts stated herein to be true, correct and complete to the best of my knowledge and belief.

Signature

Print Name and Title

Company Name