



Form 1073IMW

Notice of transfer of multiple underground injection well operatorship

OAC 165:5-3-1(b)(1)(Q); OAC 165:10-1-7(b)(83); OAC 165:10-5-10

PAYMENT REQUIRED \$250.00 - Fee refunds are prohibited under OAC 165:5-3-1(a)(2)-(3)

Instructions:

1. Required Payment: \$250.00
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. A Current Form 1002A Must Be On File With The OCC
4. List OCC Order/Permit Number For Injection/Disposal
5. 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

NUMBER OF WELLS LISTED:

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 these wells, 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
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 wells 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 THESE TRANSFERS ARE 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 1073IMW WITHIN THE NINETY (90) DAY TIME PERIOD THE FORM 1073IMW 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.

1073IMW Well List

1073IMW Well List														
API NO.	WELL NAME AND NO	TYPE:								DATE OF LAST MIT AND RESULT	APPROVED	DISAPPROVED	COMMENTS/ DISAPPROVAL REASON	
		INJ												
		NON COMM	COMM	SEC	TWN	RGE	QTR	QTR	QTR					QTR
		ORDER NO.												

1. Use this page is to report partial calendar year volumes to date for wells being transferred
2. Complete additional pages if well count exceeds ten (10)

Well Name & No.										
API No.										
Legal Location										
Order / permit No.										
Packer Depth										
	PSI	Bbls/MCF	PSI	Bbls /MCF	PSI	Bbls /MCF	PSI	Bbls / MCF	PSI	Bbls / MCF
January										
February										
March										
April										
May										
June										
July										
August										
September										
October										
November										
December										
Total annual Injection	0		0		0		0		0	

Well Name & No.										
API No.										
Legal Location										
Order / Permit No.										
Packer Depth										
	PSI	Bbls/MCF	PSI	Bbls /MCF	PSI	Bbls /MCF	PSI	Bbls / MCF	PSI	Bbls / MCF
January										
February										
March										
April										
May										
June										
July										
August										
September										
October										
November										
December										
Total Annual Injection	0		0		0		0		0	

Verification of Information

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

Name & Title (Typed or Print)

Signature

Address

Phone Number