

INSTRUCTIONS (Print or Type Using Black or Blue Ink)

A. Current Operator must attach Form 1012 report **for year of transfer** (1012 form must be current and up to date)

B. Attach the injection/disposal well's Form 1002A. **(note)**

C. List O.C.C. order / permit for injection / disposal.

D. Attach MIT <1 year old. (<30 days for Commercial) **(note)**

E. **NOTE: If 1002A / MIT form was filed online, do not attach.**

Transfer of Operator
Multiple UIC Wells
OAC 165:10-5-10

Font Size MUST be ≥12.5 which is pre-set!

FEE: \$250.00
OAC 165:5-3-1(b)(1)(O)
(SEE BACK PAGE FOR PAYMENT INFORMATION)

NOTE: Transfer will be denied if instructions A-E are not followed.

The **effective date of transfer** of this well is the **date the transfer is approved** by the Commission. If **no current operator** is available, please sign the **"due diligence"** statement below.

Use **this form** to transfer **10 or more UIC wells**.
Use **Form 1073I** to transfer **single UIC wells**.

CURRENT OPERATOR		OCC/OTC No.
Name		
Address		
City	State	Zip
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 and attached all documents as required by the above instructions. No. of wells listed: _____ <i>(Signatory must be listed on company's Form1006B Operator's Agreement)</i>		
Signature		
Name & Title (Print or Type)		(AC) Phone
Signed and sworn to before me this _____ day of _____, _____		
Notary Public		
My Commission Expires: _____		

NEW OPERATOR		OCC/OTC No.
Name		
Address		
City	State	Zip
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 on the described property. No. of wells listed: _____ <i>(Signatory must be listed on company's Form 1006B Operator's Agreement)</i>		
Signature		
Name & Title (Print or Type)		(AC) Phone
Signed and sworn to before me this _____ day of _____, _____		
Notary Public		
My Commission Expires: _____		

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 these wells/leases and cannot be located to obtain a signature.

Signed and sworn to before me

this _____ day of _____, _____

Notary Public

Signature

My Commission Expires: _____

FOR OCC USE ONLY:

Font Size MUST be > 12.5 which is pre-set!

By processing this Form 1073IMW, the Oklahoma Corporation Commission has approved the contents thereof as to **form only**. The Oklahoma Corporation Commission does **not** warrant that the **facts provided by the operator are true**.

Transfer is **not effective until approved** by the **Well Records Department**.

Department:	Approved Date:
Surety	
UIC	
Well Records	

DO NOT WRITE INSIDE THIS BOX

If unable to print form correctly, click "Page Layout" and decrease the "Scale" as needed (try 85% first) to print correctly.

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Print this form in **"Landscape"** (**wide**) (**horizontal**) orientation only.

LIST MULTIPLE WELLS ON
PAGE 3 AND SUBSEQUENT
PAGES OF THIS FORM

OPERATOR NAME / NUMBER:

TOTAL NUMBER OF WELLS LISTED
(MUST MATCH NUMBER OF WELLS
IN "SIGNATURE BOX" ON FIRST PAGE):

CODES -- FOR THE WELLS ON YOUR TRANSFER LIST, SPECIFY A "WELL CLASSIFICATION TYPE" CODE FROM THE CHOICES BELOW:

INJ (INJECTION), **NCD** (NONCOMMERCIAL DISPOSAL), **CD** (COMMERCIAL DISPOSAL),
SINJ (SIMULTANEOUS INJECTION), **NGS** (NATURAL GAS STORAGE) or **LPGS** (LIQUIFIED PETROLEUM GAS STORAGE)

This form must be sent, along with payment, to Central Processing located in the Jim Thorpe Office Building in Oklahoma City.

OKLAHOMA CITY MAILING ADDRESS:

Oklahoma Corporation Commission
Attention: Central Processing
P.O. Box 52000
Oklahoma City, OK 73152-2000
(checks or money orders only)

Send questions about payments to:
OCCRevenue@occmail.com

HAND-DELIVERY STREET ADDRESS:

The Jim Thorpe Office Building
(Take to the Cashier on the First Floor)
2101 N. Lincoln Blvd.
Oklahoma City, OK 73105
(cash, checks or money orders only)

CHECKLIST FOR WELL LIST ENTRY BY COMPUTER:

1. USE "ALL CAPS" TEXT (NO "LOWER CASE" TEXT). USE SINGLE NUMBERS FOR "HALF" SECTIONS (for example, "E2").
2. SORT WELLS IN ORDER OF "LOWEST TO HIGHEST" API NUMBER; HIGHLIGHT DATA TO SORT, THEN "SORT" IT (COLUMN HEADINGS, COLUMNS OR ROWS CANNOT BE HIGHLIGHTED OR SORTED; ONLY THE WELL DATA THAT YOU ENTERED CAN BE HIGHLIGHTED AND SORTED).
3. USE LEADING ZERO's (AS APPLICABLE) FOR SECTION, TOWNSHIP AND RANGE (i.e., 01/01N/22E).
- 4A. PRIMARY PRINTING METHOD: SET A "PRINT AREA" AROUND YOUR LIST OF WELLS TO ALLOW EXCEL TO CORRECTLY SET THE PAGE RANGE IN THE PRE-DEFINED "HEADER" OF THE FILE.
- 4B. ALTERNATE PRINTING METHOD: IF UNABLE TO SET A "PRINT AREA" -- DELETE ALL ROWS (THAT HAVE PRE-DEFINED SOLID BORDERS) BELOW THE LAST WELL YOU LISTED. THIS WILL ALLOW EXCEL TO CORRECTLY SET THE PAGE RANGE IN THE PRE-DEFINED "HEADER" OF YOUR FILE.

Font Size MUST be ≥ 12.5 which is pre-set!

NOTE

YOUR WELL LIST, NOTARIZED 1073MW FORM AND PAYMENT MUST STILL BE MAILED OR DELIVERED TO ONE OF THE ADDRESSES LISTED ABOVE.

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