

Instructions

- A. Please type or print using black or blue ink.
- B. Form must be signed by former operator and new operator.
- C. Signatories **must** be listed on their company's Form **1006B**.
- D. Fill in the complete legal description on back page or successive pages.
- E. Direct questions to Well Records at (405) 521-2271.

OKLAHOMA CORPORATION COMMISSION
 Oil & Gas Conservation Division
 Post Office Box 52000
 Oklahoma City, Oklahoma 73152-2000

This form must be filed with the OCC **within 30 days of transfer** of the wells.

Form 1073MW
 Rev. 2018 - Front Page

Transfer of Operator
Multiple Oil and/or Gas Wells
 OAC 165:10-1-15

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

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

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: _____		
(Signatory must be listed on company's Form 1006B Operator's Agreement)		
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: _____		
(Signatory must be listed on company's Form 1006B Operator's Agreement)		
Signature		
Name & Title (Print or Type)	(AC) Phone	
Signed and sworn to before me this _____ day of _____, _____		
Notary Public		
My Commission Expires: _____		

DO NOT WRITE INSIDE THIS BOX

The **effective date of transfer** is the **date that the transfer is approved** by the Commission.

Use **this form** to transfer **10 or more** oil or gas wells. Use **Form 1073** to transfer **single** oil and gas wells.

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 above wells/leases and **cannot be located** to obtain a signature. I have attached **certified copies of the recorded lease(s) or assignment(s), or certified copies of a journal entry of judgment or bankruptcy proceeding** pursuant to OAC 165:10-1-15(b).

Signature

Signed and sworn to before me this _____ day of _____, _____, _____

Notary Public

My commission expires: _____

FOR OCC USE ONLY

	Surety	Approved Date
Well Records Review:		

By processing this Form 1073MW, 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**.

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 STATUS" CODE FROM THE CHOICES BELOW:

ND (new drill), **SP** (spud), **AC** (active), **TA** (temporarily abandoned/not plugged), **TM** (terminated order/UIC well not plugged)

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@occcemail.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.

NOTES

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

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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