



**ARKANSAS
OIL AND GAS
COMMISSION**

Submit Form To:
El Dorado Regional Office
P.O. Box 11510
El Dorado, Arkansas 71730

**FORM 23
NOTIFICATION OF WELL TRANSFER OR NAME CHANGE**

Individual Well Transfer Lease/Unit Transfer Unitized Area Well Name Change

A. Well Information:

| | | | | | |
|------------|------|------------|---------|--------|--|
| Permit No: | | Well Name: | | No: | |
| Sec: | Twp: | Rge: | County: | Field: | |

B. Lease/Unit Information:

| | |
|--------------------------------|------------------------------------|
| Lease/Unit/Unitized Area Name: | Total Number of Wells in Transfer: |
| County: | Field: |

Attach map showing lease/unit/unitized boundaries, with well location(s), and list of wells with permit numbers and location descriptions to be transferred.

C. New Operator:

| | | | | | |
|--------------------|---------|-----------------|--------|------|--|
| New Operator Name: | | Contact Person: | | | |
| Address: | | City: | State: | Zip: | |
| Phone No: | Fax No: | E-mail: | | | |

_____ whose address is _____
(Name of Purchaser)

_____ (Street) _____ (City) _____ (State) _____ (Zip)

is authorized to purchase _____ % of the Oil Gas produced from well or lease designated in Section A or B until further notice.
Other purchasers purchasing oil or gas from this well or lease: _____ %
_____ %

I acknowledge, as the new operator, I am responsible for ensuring compliance with all requirements of the Arkansas Oil and Gas Commission rules and regulations.

Name: _____ Title: _____
Signature: _____ Date: _____

D. Current Operator:

| | | | | | |
|------------------------|---------|-----------------|--------|------|--|
| Current Operator Name: | | Contact Person: | | | |
| Address: | | City: | State: | Zip: | |
| Phone No.: | Fax No. | E-mail: | | | |

Name: _____ Title: _____
Signature: _____ Date: _____

E. Well Name Change:

| | |
|---------------------|----------------|
| Original Well Name: | New Well Name: |
|---------------------|----------------|

Justification for requesting well name change.
Attach list for more than one well name change.

In accordance with Commission rules, the transfer request is hereby approved and the Certificate of Compliance is issued to the new permit holder shown above.

F. TRANSFER APPROVED: _____ (Commission Representative) _____ (Date)

TRANSFER INSTRUCTIONS

NEW OPERATOR (PERMITTEE):

1. Complete applicable Section A or B, and complete and sign Section C, and forward to Commission with a copy sent to current operator (permittee) for signature. Use one (1) form for each individual well transfer request or for each lease or unitized area for multiple well transfer requests.
2. If more than one well, provide a list of all wells to be included in transfer, showing well name, location and permit number.
3. Provide a list of all wells known for which no permit has previously been issued, which are located on the transferred lease or unit.
4. Provide required bond, if applicable, in accordance with General Rule B-2.
5. If the new permittee is a corporation, provide evidence that the corporation is incorporated or authorized to do business in the State of Arkansas, and authorized under its charter to engage in the permitted activity.
6. If the new permittee is an individual, partnership, or other unincorporated entity that is not a resident of Arkansas, provide an irrevocable consent to be sued in Arkansas.

CURRENT OPERATOR:

1. Complete applicable Section A or B, and complete and sign Section D, and forward to Commission; or sign Section D on New Operator form forwarded by the New Operator for your signature.

CHANGE OF WELL NAME INSTRUCTIONS:

1. Complete and sign Section D and complete Section E of this form.