OFFICE USE ONLY

COMMONWEALTH OF KENTUCKY

DEPARTMENT FOR NATURAL RESOURCES DIVISION OF OIL AND GAS POST OFFICE BOX 2244 FRANKFORT KY 40602-2244

PHONE: 502-573-0147 FAX: 502-573-1099 http://oilandgas.ky.gov



TR LEDGER #
OPERATOR NUMBER:
BOND NUMBER:
TRANSFER FEE: \$25.00/WELL
TOTAL NUMBER OF WELLS ON THIS LEAS
TO BE TRANSFERRED:
TOTAL AMOUNT REMITTED ON THIS
FORM:

WELL TRANSFER

PRESENT OPERATOR:	TRANSFERRED TO:	
OPERATOR:	OPERATOR:	
ADDRESS:	ADDRESS:	
E-MAIL:		
PHONE NO:	PHONE NO:	
TOTAL NUMBER OF WELLS ON THIS LEASE TO BE TRANSFERRED:	IF CORPORATION, NAME OF P	RINCIPAL OFFICER:
LEASE NAME:	COUNTY:	
	— INATE SPOT LOCATIONS	PERMIT NO.
	O TRANSFER AND PLACE THESE YOUTH FOR THEM UNDER KRS CHAFINER I FURTHER AGREE TO PROVITY FOR ANY RECLAMATION	WELLS UNDER MY BOND. PTER 353 AND THE RULES TIDE A LETTER TO THE PLAN REQUIREMENTS
DATE	SIGNATURE OF PURCHASER	TITLE
ACKNOWLEDGED:	OFD ATOD	TITLE
SIGNATURE OF SELLING OF	ZEKA I UK	TITLE

INSTRUCTIONS: USE A SEPARATE FORM FOR EACH LEASE. ATTACH A SEPARATE LIST, IF THERE ARE MORE WELLS THAN CAN BE LISTED ON THIS SHEET. ENCLOSE \$25.00 PER WELL TRANSFER FEE.

MAKE CHECKS PAYABLE TO: KENTUCKY STATE TREASURER

FORM ED-13 (REV. 5-15)