



NOTICE OF TRANSFER OF TREATING PLANT FACILITY - FORM 15P

INDUSTRIAL COMMISSION OF NORTH DAKOTA
OIL AND GAS DIVISION
600 EAST BOULEVARD DEPT 405
BISMARCK, ND 58505-0840
SFN 5762 (01-2016)

FOR STATE USE ONLY
NDIC Bond Number

PLEASE READ INSTRUCTIONS BEFORE FILLING OUT FORM. PLEASE SUBMIT THE ORIGINAL AND SIX COPIES.
THIS NOTICE SHALL BE FILED AT LEAST THIRTY DAYS BEFORE THE CLOSING DATE OF TRANSFER.

TRANSFERRING OPERATOR

Name of Operator Representative			
Operator Transferring Treating Plant Facility			Telephone Number
Address	City	State	Zip Code
I, the above named representative, acknowledge the transfer of the treating plant facility named below for the purpose of ownership and/or operation to the company named below.			
Signature	Title (Must be an officer or power of attorney must be attached)		Date

Facility File No.	Requested Official Facility Name	Location (Qtr-Qtr, S-T-R)	Assignment Date

RECEIVING OPERATOR

Name of Operator Representative			
Operator Receiving Treating Plant Facility			Telephone Number
Address	City	State	Zip Code
I, the above named representative, have read the foregoing statement and accept such transfer, also the responsibility of ownership and/or operation of said facility, under the said company bond, said bond being tendered to or on file with the Industrial Commission of North Dakota.			
Signature	Title (Must be an officer or power of attorney must be attached)		Date

SURETY COMPANY

Surety		Telephone Number	Amount of Bond \$	
Address	City	State	Zip Code	Bond Number
The above named SURETY agrees that such bond shall extend to compliance with Chapter 38-08 of North Dakota Century Code and amendments and the rules and regulations of the Industrial Commission of North Dakota prescribed to govern the production of oil and gas on government and private lands within the State of North Dakota, in relation to the above stated transfer; it being further agreed and understood that the bond sum or amount is not to be considered increased because of such extension.				
Signature	Title (Must be an officer or power of attorney must be attached)			Date
Printed Name	FOR STATE USE ONLY			

Date Approved
By
Title