



OHIO DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL AND GAS RESOURCES MANAGEMENT

2045 MORSE RD., BLDG. F-2, COLUMBUS, OH 43229-6693  
Phone: (614) 265-6922 • Fax: (614) 265-6910



**REQUEST FOR WELL SITE TRANSFER**

(REVISED 0715)

|   |         |  |                      |
|---|---------|--|----------------------|
| 1. Well Site Identification Number:   |         | 2. Date:                                     |                      |
| 3. Well Site Permit Number:   |         |  |                      |
| 4. County:  |         | 11. Transferor Address and Telephone Number: |                      |
| 5. Civil Township:  |         |  |                      |
| 6. Section:   | 7. Lot: |  |                      |
| 8. Fraction:  |         | 9. Qtr Twp:                                  | 12. Transferee Name: |
| 10. I, We (Transferor) _____ hereby requests that records on file with the Division of Oil and Gas Resources Management, ODNR, State of Ohio, be amended to reflect the change of owner of the oil and/or gas well site described in box 2 through 9. |         | 13. Transferee Address and Telephone Number: |                      |
|   |         | 14. Existing Wells on Well Site (API#):      |                      |

**TRANSFEROR:**

I, the undersigned, hereby agree to furnish any and all records and reports required by the Division of Oil and Gas Resources Management for compliance with Chapter 1509., ORC, and all rules of that Division for the period ending on the date of assignment. It is understood that my liabilities for this well site **WILL NOT BE TERMINATED UNTIL I COMPLY WITH THE ABOVE.**

\_\_\_\_\_  
(Signature of Transferor)

**TRANSFEROR:**

\_\_\_\_\_  
(Printed or Typed)

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, being first duly sworn that the information set forth herein is true and accurate. SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(My Commission Expires)

**TRANSFEE:**

I, the undersigned, depose and state that I am the owner of aforementioned oil and/or gas well site and that I have the right to appropriate the well site for myself or others. I further depose and state that I will comply with the requirements of Chapter 1509., ORC, and Chapter 1501.:9, OAC. Further, it is understood that upon proper completion of this form, I will be responsible for the operation and maintenance of the well site in accordance with Chapter 1509., ORC and Chapter 1501:9, OAC, and must comply with all laws, rules and orders by the Chief of the Division of Oil and Gas Resources Management.

\_\_\_\_\_  
(Signature of Transferee)

**TRANSFEE:**

\_\_\_\_\_  
(Printed or Typed)

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, being first duly sworn that the information set forth herein is true and accurate. SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(My Commission Expires)

**DIVISION USE ONLY:**

|                                 |                   |
|---------------------------------|-------------------|
| Certificate of Insurance        | Date Transferred: |
| Authority and Organization Form |                   |
| Transfer Fee:                   | Check #:          |
|                                 | Initials:         |