

INSTRUCTIONS (Print or Type Using Black or Blue Ink)

- A. Current Operator must attach Form 1012 report **for year of transfer** (1012 form must be current and up to date).
- B. Fill in the **complete legal description below**.
- C. Attach **injection** or **disposal** well's **Form 1002A**.(note)
- D. List O.C.C. **order** / **permit** for **injection** / **disposal**.
- E. Attach **MIT** <1 year old (**Commercial**: <30 days).(note)
- NOTE: 1002A / MIT form filed online? Do NOT attach.**

(Use Form 1073IMW to transfer 10 or more UIC wells.)

Transfer of Operator

Single UIC Well

OAC 165:10-5-10

FEE: \$25.00

OAC 165:5-3-1(b)(1)(N)

(SEE BACK PAGE FOR PAYMENT INFORMATION)

DATE OF LAST MIT
(within the last year):

DO NOT WRITE INSIDE THIS BOX

API No.		OTC Prod. Unit No.					
Surface Location	Sec.	Twp.	Rge.				
Ft. FSL		Ft. FWL		County			
Current Well Name & No.							
Original Well Name & No.							
OCC Order/Permit No.		Unit Name (if applicable)					

Well Classification (see back page)



INJ



NCD



CD



SINJ



NGS



LPGS

If no current operator is available, please sign the "due diligence" statement below. NOTE: Transfer will be denied if instructions A-E above are not followed.

Transfer Date(MO/DAY/YR):

	/		/	
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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 this well, 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. (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 well on the described property. (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: _____		

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 well / lease and cannot be located to obtain a signature.

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

Signature

Notary Public

My Commission Expires: _____

FOR OCC USE ONLY

Department:	Received	Approved Date
Surety		
UIC		
Well Records		

By processing this Form 1073I, 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**.

This form must be sent, along with payment, to the Cashier at either the Jim Thorpe Office Building in Oklahoma City or the OCC office in Tulsa.

OKLAHOMA CITY MAILING ADDRESS:

Oklahoma Corporation Commission
Attention: Cashier's Office
P.O. Box 52000
Oklahoma City, OK 73152-2000
(checks or money orders only)

TULSA MAILING ADDRESS:

Oklahoma Corporation Commission
Attention: Court Clerk's Office
440 S. Houston Ave., Suite 114
Tulsa, OK 74127
(checks or money orders only)

*The information below may be used to hand-deliver this form
(and payment by cash, check or money order only) to the Oklahoma City office :*

The Jim Thorpe Office Building
2101 N. Lincoln Blvd. (Cashier: First Floor)
Oklahoma City, Oklahoma 73105

"WELL STATUS" CODES:

INJ (injection)

NCD (noncommercial disposal)

CD (commercial disposal)

SINJ (simultaneous injection)

NGS (natural gas storage)

LPGS (liquified petroleum gas storage)

If unable to print form correctly, click "Page Layout" and decrease the "Scale" as needed (try 85% first) to print correctly.

Use this form to transfer single UIC wells only. Use Form 1073IMW to transfer 10 or more UIC wells.

Print this form in "Portrait" (narrow) (vertical) orientation only.