



STATE OF TENNESSEE
 DEPARTMENT OF ENVIRONMENT AND CONSERVATION
 DIVISION OF WATER RESOURCES
 TENNESSEE OIL AND GAS PROGRAM
 711 R. S. GASS BLVD.
 NASHVILLE, TENNESSEE 37216

WELL PERMIT NO. _____

Fee: _____ Approved By: _____ Approval Date: _____ Plat: _____ Bond: _____ <p style="text-align: center; font-weight: bold; font-size: small;">(DO NOT WRITE IN THIS BOX FOR STATE USE ONLY)</p>

APPLICATION TO CHANGE OPERATORS

PART I (To Be Completed By **OLD** "ORIGINAL" Operator)

Description of Well as Permitted:

Permit No. _____ Date permitted _____ Well No. _____
 Operator _____
 Permanent Address _____
 _____ Telephone: _____ Alt. Phone: _____

Lessor or Unit or Mineral Owner: _____

Location:

County _____ 7-1/2' Topo Quad.(Name) _____
 _____ Latitude _____ Longitude _____

Carter Coordinates:

_____ FNL, FSL _____ FEL, FWL Sec _____ Carter Quad. _____ N,S _____ E,W

Ground Elevation _____

Purpose of Well:

Oil Gas Injection Other _____

Present Status of Well:

Under Construction Producing Abandoned Total Depth _____

Has Operator (old) complied with all requirements of the State Oil and Gas Board on this operation? YES NO

Has Well data been filed with the State Oil and Gas supervisor? YES NO

If answered **NO** to either of the above questions, **EXPLAIN:** _____

Signature

PART II (To Be Completed By **NEW** Operator)

Operator _____

Permanent Address _____
 _____ Telephone: _____ Alt. Phone: _____

Has organization report been filed? YES NO

Type of Bond:

Single Well Bond: Cash Surety

Blanket Well bond: Cash Surety

Is Applicant at this time in violation of any requirements? Yes No

PART II continued from page 1 (To Be Completed By NEW Operator)

What are the plans of the new operator for completing or developing this well? _____

Signature _____

NEW Operator

PART III (To Be Completed By Both OLD and NEW Operator)

It is requested that Well Permit No. _____ be transferred from _____
_____ (old operator) to _____ (new operator).

It is understood that the new operator is bound by all statements made by the old operator on the original permit application.

Signature _____

OLD Operator

Signature _____

NEW Operator

AFFIDAVIT (OLD OPERATOR)

State of _____

County of _____

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the above application for Change of Operator, who being duly sworn on oath, states that he executed the above instrument and that the statements made in said application are true and correct.

Subscribed and sworn to before me this _____ Day of _____, 20_____.

My commission expires _____

Notary Public

AFFIDAVIT (NEW OPERATOR)

State of _____

County of _____

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the above application for Change of Operator, who being duly sworn on oath, states that he executed the above instrument and that the statements made in said application are true and correct.

Subscribed and sworn to before me this _____ Day of _____, 20_____.

My commission expires _____

Notary Public