



Form 1073MW

Notice of transfer of multiple oil or gas well ownership

OAC 165:5-3-1(b)(1)(Q); OAC 165:10-1-7(b)(79); OAC 165:10-1-15

PAYMENT REQUIRED \$250.00 - Fee refunds are prohibited under OAC 165:5-3-1(a)(2)-(3)

Instructions:

1. Required Payment: \$250.00
2. Fill In The Complete Legal Description On All Successive Pages
3. Sort Wells In Order From "Lowest to Highest" By API Number
4. Use Leading Zeros For The Section, Township, and Range
5. A Current Form 1002A For Each Well Must Be On File With the OCC

NUMBER OF WELLS LISTED: _____

CURRENT OPERATOR

Name		Operator No.	
Address			
City	State	Zip	
Phone No.	FAX No./E-mail		
I verify that I am the current operator of record with authority to transfer operatorship of these wells, that the facts presented herein are true and correct, and that I have completed this form as required by the above instructions. (Signatory must be listed on company's Form 1006B Operator's Agreement)			
Signature		Date	
Printed Name			

NEW OPERATOR

Name		Operator No.	
Address			
City	State	Zip	
Phone No.	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 wells described herein. (Signatory must be listed on company's Form 1006B Operator's Agreement)			
Signature		Date	
Printed Name			

If no current operator, please review and complete the below verification:

I verify under oath that I have exercised due diligence to attempt to locate and obtain the signature of the current operator of record, according to OCC records, but no current operator can be located. Pursuant to OAC 165:10-1-15(b), I have attached a certified copy of a recorded lease or assignment, journal entry of judgment, or bankruptcy court proceeding by a court having jurisdiction over the wells described herein.

Signature: _____ Date: _____

I declare under penalty of perjury that I am authorized to act on behalf of the applicant and that I have read this form and any attachments to this form, that I have knowledge of the contents of this form and any such attachments, which was/were prepared by me or under my supervision and direction, and that the facts and information set forth herein are true, correct, and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

OCC USE ONLY

Department:	Received Date	Approved Date	Disapproved Date
Surety			
Well Records			

IF THESE TRANSFERS ARE DISAPPROVED YOU HAVE NINETY (90) DAYS FROM THE DATE OF THE DISAPPROVAL NOTIFICATION TO CORRECT ANY DEFICIENCIES. IF YOU FAIL TO CORRECT THE DEFICIENCIES AND RESUBMIT THE FORM 1073MW WITHIN THE NINETY (90) DAY TIME PERIOD THE FORM 1073MW SHALL BE CONSIDERED WITHDRAWN UNLESS THE TIME IS EXTENDED BY WRITTEN REQUEST FOR GOOD CAUSE SHOWN AS DETERMINED BY THE MANAGER OF FIELD OPERATIONS.

1073MW WELL LIST

10 Digit API	Well Name	Well No.	Sec	Tw	Rge	Qtr	Qtr	Qtr	Qtr	Approved	Disapproved	Comments/Disapproval Reason
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