

BEFORE THE CORPORATION COMMISSION OF THE STATE OF OKLAHOMA

Applicant: _____
Address: _____ **Cause Number** _____
City, _____
State: _____ **Zip:** _____
OTC Operator Number _____

APPLICATION FOR CHANGE OF OPERATOR

Come Now, the applicant and shows the Corporation Commission the following:

1. That OAC OCC 165:5-7-11 authorizes administrative approval for the change of operator, the appointment of alternate operators and the deletion of designation of operator.
2. The names and addresses of each party being made a respondent to this application are shown on Exhibit "A" attached hereto:
3. The applicant respectfully requests that the following orders be amended to allow for the following:
 - () **Change Of Operator**
 - () **Appointment Of Alternate Operator**
 - () **Delete Designated Of Operator**

ORDER NO.	DATE	TYPE OF ORDER	LEGAL DESCRIPTION:

(See Exhibit "B" for additional Orders)

Applicant: _____ Cause Number _____

4. The applicant hereby submits the additional well information regarding the above mentioned Order No.'s:

Well Name.	Classification	OTC Lease No.	API	Order No.

(See Exhibit "B" for additional Orders)

5.

(a) The applicant respectfully requests that the Commission grant this application and

Delete as operator:

Address: _____

City, _____
State: _____ **Zip:** _____
OTC Operator Number _____

under the Order No.'s and unit well listed above and listed upon Exhibit "B" attached hereto, and

Designate as operator:

Address: _____

City, _____
State: _____ **Zip:** _____
OTC Operator Number _____

(b) The applicant respectfully requests that the Commission

Designate as alternate operator:

Address: _____

City, _____
State: _____ **Zip:** _____
OTC Operator Number _____

under the forced pooling Order No.'s and unit well listed upon Exhibit "B" attached hereto.

Applicant: _____ Cause Number _____

(c) The applicant respectfully request that the Commission delete the designation of operator under the Increased Density and Well Location except Order No.'s and unit wells listed above and listed upon Exhibit "B" attached hereto.

The application is written this _____ day of _____, 19____.

Signature

Title

Please mail this completed form to the OCC at the following address:

Oklahoma Corporation Commission
Attn: Court Clerk
P.O. Box 52000
Oklahoma City OK 73152-2000

“All persons mailing documents to the Court Clerk shall enclose a self-addressed postage-paid envelope large enough for the return of a filed stamped copy. Failure to enclose a self-addressed postage paid envelope will result in a filed stamped document not being returned.”