

**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. Attach the injection/disposal well's Form 1002A. **(note)**

C. List O.C.C. order / permit for injection / disposal.

D. Attach MIT <1 year old. (<30 days for Commercial) **(note)**

E. **NOTE: If 1002A / MIT form was filed online, do not attach.**

**Transfer of Operator**  
**Multiple UIC Wells**  
 OAC 165:10-5-10

**Font Size**  
**MUST be ≥12.5**  
**which is pre-**  
**set!**

**FEE: \$250.00**  
**OAC 165:5-3-1(b)(1)(Q)**  
**(SEE BACK PAGE FOR PAYMENT INFORMATION)**

**NOTE: Transfer will be denied if instructions A-E are not followed.**

The **effective date of transfer** of this well is the **date the transfer is approved** by the Commission.  
 If **no current operator** is available, please sign the **"due diligence"** statement below.

Use **this form** to transfer **10 or more UIC wells**.  
 Use **Form 1073I** to transfer **single UIC wells**.

<b>CURRENT OPERATOR</b>			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 these wells, 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. <b>No. of wells listed:</b> _____ (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: _____			

<b>NEW OPERATOR</b>			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 wells on the described property. <b>No. of wells listed:</b> _____ (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 these wells/leases and cannot be located to obtain a signature.

Signed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 Signature

My Commission Expires: \_\_\_\_\_

**FOR OCC USE ONLY:**

**Font Size MUST be > 12.5 which is pre-set!**

By processing this Form 1073IMW, 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**.

Department:	Approved Date:
Surety	
UIC	
Well Records	

**DO NOT WRITE INSIDE THIS BOX**

If unable to print form correctly, click "Page Layout" and decrease the "Scale" as needed to print correctly.

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Print this form in **"Landscape"** (**wide**) (**horizontal**) orientation only.

LIST MULTIPLE WELLS ON  
PAGE 3 AND SUBSEQUENT  
PAGES OF THIS FORM

OPERATOR NAME / NUMBER:

TOTAL NUMBER OF WELLS LISTED  
(MUST MATCH NUMBER OF WELLS  
IN "SIGNATURE BOX" ON FIRST PAGE):

**CODES -- FOR THE WELLS ON YOUR TRANSFER LIST, SPECIFY A "WELL CLASSIFICATION TYPE" CODE FROM THE CHOICES BELOW:**

**INJ** (INJECTION), **NCD** (NONCOMMERCIAL DISPOSAL), **CD** (COMMERCIAL DISPOSAL),  
**SINJ** (SIMULTANEOUS INJECTION), **NGS** (NATURAL GAS STORAGE) or **LPGS** (LIQUIFIED PETROLEUM GAS STORAGE)

This form must be sent, along with payment, to Central Processing located in the Jim Thorpe Office Building in Oklahoma City.

**OKLAHOMA CITY MAILING ADDRESS:**

Oklahoma Corporation Commission  
Attention: Central Processing  
P.O. Box 52000  
Oklahoma City, OK 73152-2000  
(checks or money orders only)

Send questions about payments to:  
**OCCRevenue@occcemail.com**

**HAND-DELIVERY STREET ADDRESS:**

The Jim Thorpe Office Building  
(Take to the Cashier on the First Floor)  
2101 N. Lincoln Blvd.  
Oklahoma City, OK 73105  
(cash, checks or money orders only)

**CHECKLIST FOR WELL LIST ENTRY BY COMPUTER:**

1. USE "ALL CAPS" TEXT (NO "LOWER CASE" TEXT). USE SINGLE NUMBERS FOR "HALF" SECTIONS (for example, "E2").
2. SORT WELLS IN ORDER OF "LOWEST TO HIGHEST" API NUMBER; HIGHLIGHT DATA TO SORT, THEN "SORT" IT (COLUMN HEADINGS, COLUMNS OR ROWS CANNOT BE HIGHLIGHTED OR SORTED; ONLY THE WELL DATA THAT YOU ENTERED CAN BE HIGHLIGHTED AND SORTED).
3. USE LEADING ZERO's (AS APPLICABLE) FOR SECTION, TOWNSHIP AND RANGE (i.e., 01/01N/22E).
- 4A. PRIMARY PRINTING METHOD: SET A "PRINT AREA" AROUND YOUR LIST OF WELLS TO ALLOW EXCEL TO CORRECTLY SET THE PAGE RANGE IN THE PRE-DEFINED "HEADER" OF THE FILE.
- 4B. ALTERNATE PRINTING METHOD: IF UNABLE TO SET A "PRINT AREA" -- DELETE ALL ROWS (THAT HAVE PRE-DEFINED SOLID BORDERS) BELOW THE LAST WELL YOU LISTED. THIS WILL ALLOW EXCEL TO CORRECTLY SET THE PAGE RANGE IN THE PRE-DEFINED "HEADER" OF YOUR FILE.

Font Size MUST be  $\geq 12.5$  which is pre-set!

**NOTE**

YOUR WELL LIST, NOTARIZED 1073MW FORM AND PAYMENT MUST STILL BE MAILED OR DELIVERED TO ONE OF THE ADDRESSES LISTED ABOVE.

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