MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

OIL AND GAS TRANSFER OF WELL(S) AND/OR TRANSFER OF INJECTION PERMIT(S)

TRANSFEROR INFORMATION

NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS OIL AND GAS WELLS IN MISSOURI		EMAIL ADDRESS	
MAILING ADDRESS	CITY	STATE	ZIP
PHYSICAL ADDRESS (IF DIFFERENT THAN ABOVE)	PRIMARY PHONE NUMBER WITH AREA CODE	OPERATOR LICENSE NUMBER	
CONTACT NAME	TITLE	PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS

TRANSFEREE INFORMATION

NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL THAT DRILLS, MAINTAINS, OPERATES, OR CONTROLS OIL AND GAS WELLS IN MISSOURI		EMAIL ADDRESS	
MAILING ADDRESS	CITY	STATE	ZIP
PHYSICAL ADDRESS (IF DIFFERENT THAN ABOVE)	PRIMARY PHONE NUMBER WITH AREA CODE	OPERATOR LICENSE NUMBER	
CONTACT NAME	TITLE	PRIMARY PHONE NUMBER WITH AREA CODE	EMAIL ADDRESS

WELL TRANSFER INFORMATION (ATTACH A LIST IN THIS FORMAT IF NECESSARY)

Well transfer requirements and post well transfer requirements on back of form.

REQUESTED DATE OF WELL TRANSFER

*WELL TYPE CODE: OP (OIL PRODUCTION), GP (GAS PRODUCTION), ID (INJECTION DISPOSAL), IE (INJECTION EOR), O (OTHER)
**WELL STATUS CODE: AC (ACTIVE), UC (UNDER CONSTRUCTION), SI (SHUT-IN), AB (ABANDONED), O (OTHER)

API Number	Well Number	Well Type*	Well Status**	Well Latitude	Well Longitude	Production Unit (lease or surface unit name)

SEND COMPLETED FORM ALONG WITH REQUESTED INFORMATION TO: MISSOURI DEPARTMENT OF NATURAL RESOURCES, MISSOURI GEOLOGICAL SURVEY, GEOLOGIC RESOURCES SECTION, PO BOX 250, ROLLA, MO 65402
PHONE: 573-368-2100 FAX: 573-368-2111 EMAIL: oilandgas@dnr.mo.gov

INJECTION PERMIT TRANSFER INFORMATION (Attach a list in this format if necessary)

REQUESTED DATE OF INJECTION PERMIT TRANSFER	*INJECTION TYPE CODE SWD (SALTWATER DISPOSAL WELL), EOR (ENHANCED OIL RECOVERY), (O) (OTHER, EXPLANATION NECESSARY)

API Number	Well Number	Injection Type*	Approved Maximum Pressure	Approved Maximum Rate	Approved Monthly Volume

WELL AND INJECTION PERMIT PRE TRANSFER REQUIREMENTS

- A lease boundary map showing well locations of all open wells (transferred and non-transferred) must be submitted with this request.
- All non-transferred open wells in this lease area must be plugged in accordance with 10 CSR 50-2.060 before transfer of well(s) and injection permits will be approved.
- If the transferee purchases the property, they assume responsibility for all unknown abandoned wells in this lease area.
- The transferee must have a current Missouri Oil and Gas operator's license and sufficient bonding in place for the transferred well(s) and the associated injection permit(s).
- The approval of a well transfer or an injection permit may be dependent upon the resolution of outstanding enforcement issues.
- The transferor may be required to conduct a mechanical integrity test as a condition of the transfer.

WELL AND INJECTION PERMIT POST TRANSFER REQUIREMENTS

Within 90 days of approved transfer of well(s) and the associated injection permit(s), the transferee shall:

- Change the tank battery identification sign provided for in 10 CSR 50-2.010(6)(A)(7) to include new operator information.
- Install well signage, if necessary, in accordance with 10 CSR 50-2.040(13).

CERTIFICATION

We, the undersigned, certify that:

- We are authorized by said companies to make this transfer.
- The facts stated herein are true, correct and complete to the best of our knowledge.
- We understand this form shall be submitted no less than thirty (30) days prior to the planned transfer of the well(s) and injection permit(s).
- We have read, understand and are in compliance with the well and injection permit transfer requirements listed on this form.

TRANSFEROR SIGNATURE	TRANSFEROR NAME (PRINT)	TITLE	DATE
TRANSFEREE SIGNATURE	TRANSFEREE NAME (PRINT)	TITLE	DATE

FOR OFFICE USE ONLY

EARLIEST DATE FOR APPROVED TRANSFER	
APPROVED BY	DATE

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