

COMMONWEALTH OF KENTUCKY
 DEPARTMENT FOR NATURAL RESOURCES
 DIVISION OF OIL AND GAS
 300 SOWER BLVD
 FRANKFORT, KY 40601
 502-573-0147



For Office Use Only

Transfer Fee \$50.00/well

TR Ledger No _____

Bond No _____

Total Amount Remitted _____

WELL TRANSFER

PRESENT OPERATOR:

Operator _____

Address _____

Street

City

State

Zip

Phone No _____

Email _____

Total number of wells on this lease to be transferred _____

Lease Name _____

TRANSFERRED TO:

Operator _____

Address _____

Street

City

State

Zip

Phone No _____

Email _____

Name of Principal Officer _____

County _____

Permit No	Well No	Carter Coordinate Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attest: I, the undersigned, successor in title to the well(s) listed above or on the attached sheets, request the Division of Oil and Gas to transfer and place these wells under my bond. Thereby, I am assuming complete responsibility for them under KRS Chapter 353 or 349 and the rules and regulations promulgated thereunder. If any entity other than a sole proprietorship, signatory must be an officer of the entity or provide power of attorney to execute documents. If a sole proprietorship, signatory must be same or provide power of attorney to execute documents.

Date
Signature of Purchaser
Title

Acknowledged _____

Signature of Selling Operator
Title

Instructions: Use a separate form for each lease. Attach a separate list, if there are more wells than can be listed on this form. Attach a letter to the division affirming I accept responsibility for any reclamation plan requirements associated with the wells listed above as required by 805 KAR 1:170. Enclose \$50.00 per well transfer fee. Make checks payable to Kentucky State Treasurer.