

OGB - 1E
INSTRUCTIONS

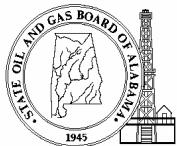
Read Carefully and Comply Fully

Application, in triplicate, must be submitted to the State Oil and Gas Board and approval obtained before change of operator becomes effective. One copy will be returned following approval. Make sure that you have given correctly all information requested. Much unnecessary correspondence will be avoided, **State Oil and Gas Board personnel will not make additions to or change any part of a notarized form.**

This application must be accompanied by:

- (1) Bond (Single Well), Form OGB-3, or Bond (Blanket), Form OGB-4, if not on file with the Board.
- (2) Organization Report, Form OGB-5, if a current report is not on file with the Board.
- (3) Operator's Certificate of Compliance and Authorization to Transport Oil Gas, or Condensate from Well, form OGB-12, if required.
- (4) Operator's Certificate of Compliance for Operations Involving Hydrogen Sulfide, Form OGB-24, and other sour gas requirements, if required.
- (5) In addition to the filing requirements in (1) through (4) above filing requirements for Class II Injection wells shall include an Application for Permit to Inject Fluids, Form OGB-1C, an Affidavit of Ownership or Control, Underground Injection Control, Form OGB-2C, an affidavit of source, and a current analysis of fluids being injected.
- (6) In addition to the filing requirements in (1) through (4) above filing requirements for Natural Gas Storage Operations shall include an Application for Permit to Inject Storage Gas, Form OGB-1D, and an Affidavit of Ownership or Control Natural Gas Storage Operations, Form OGB-2D.

The permit number assigned to the well or wells should always be used in correspondence.



STATE OIL AND GAS BOARD OF ALABAMA

420 Hackberry Lane
P.O. Box 869999
Tuscaloosa, Alabama 35486-6999
(205) 349-2852 Fax (205)349-2861
www.ogb.state.al.us

Application for Change of Operator

(file in triplicate)

Name of new operator _____ Date _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone # _____ Fax # _____ E-Mail _____

Name of present operator _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone # _____ Fax # _____ E-Mail _____

Remarks: List well(s) and permit number(s) below or on attachment

The undersigned representing the present operator and new operator, hereby apply to change the operator for the well or wells named above, including all associated production facilities, processing facilities, injection facilities, plants, gathering lines, pipelines, and other associated facilities or equipment. Further, the undersigned representing the new operator, acknowledges that it has ownership or control of one hundred percent (100%) of the rights to drill and produce with respect to oil and gas underlying the lands comprising the unit assigned to the well or wells for which a change of operator is requested.

Executed this the _____ day of _____, 20 _____ Signature New Operator

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this _____ day of _____, 20 _____

SEAL My commission expires _____ Notary Public in and for _____ County, _____

Executed this the _____ day of _____, 20 _____ Signature Present Operator

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this _____ day of _____, 20 _____

SEAL My commission expires _____ Notary Public in and for _____ County, _____

ACTION OF STATE OIL AND GAS BOARD

APPROVED BY _____ DATE _____