COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR NATURAL RESOURCES
DIVISION OF OIL AND GAS
300 SOWER BLVD.
FRANKFORT KY 40601
PHONE: 502-573-0147
FAX: 502-564-4245
http://oilandgas.ky.gov

OFFICE USE ONLY

TR LEDGER # _____
OPERATOR NUMBER: _____
BOND NUMBER: _____
TRANSFER FEE: $25.00/WELL
TOTAL NUMBER OF WELLS ON THIS LEASE TO BE TRANSFERRED: _____
TOTAL AMOUNT REMITTED ON THIS FORM: _____

TRANSFER OF CLASS II-UIC WELLS

PRESENT OPERATOR:

OPERATOR: _____

ADDRESS: _____

_____

PHONE NO: _____

TOTAL NUMBER OF WELLS ON THIS LEASE TO BE TRANSFERRED: _____

LEASE NAME: _____

TRANSFERRED TO:

OPERATOR: _____

ADDRESS: _____

_____

PHONE NO: _____

IF CORPORATION, NAME OF PRINCIPAL OFFICER:

_____

COUNTY: _____

CARTER COORDINATES

WELL #	SEC:	LTR:	NO:		FNL/FSL		FEL/FWL	UIC PERMIT #	Mechanical Integrity Test Performed in last 5 years
					FNL/FSL		FEL/FWL		☐
					FNL/FSL		FEL/FWL		☐
					FNL/FSL		FEL/FWL		☐
					FNL/FSL		FEL/FWL		☐
					FNL/FSL		FEL/FWL		☐
					FNL/FSL		FEL/FWL		☐
					FNL/FSL		FEL/FWL		☐
					FNL/FSL		FEL/FWL		☐
					FNL/FSL		FEL/FWL		☐
					FNL/FSL		FEL/FWL		☐
					FNL/FSL		FEL/FWL		☐

ATTEST: I, THE UNDERSIGNED, SUCCESSOR IN TITLE TO THE WELLS 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 AND THE RULES AND REGULATIONS PROMULGATED THEREUNDER.

_____ DATE

_____ SIGNATURE OF PURCHASER TITLE

Purchaser assumes all responsibility for the well(s) and provides financial responsibility pursuant to section 805 KAR 1:110.

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 SHEET. ENCLOSE $25.00 PER WELL TRANSFER FEE.

MAKE CHECKS PAYABLE TO: **KENTUCKY STATE TREASURER**

FORM ED-26 (10/07)