COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR NATURAL RESOURCES
DIVISION OF OIL AND GAS
1025 CAPITAL CENTER DR, STE 201
POST OFFICE BOX 2244
FRANKFORT KY 40602-2244
PHONE: 502-573-0147 FAX: 502-573-1099
http://oilandgas.ky.gov

WELL TRANSFER

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: _____

PRESENT OPERATOR:

OPERATOR:_____

ADDRESS:_____

_____

E-MAIL: _____

PHONE NO:_____

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

LEASE NAME:_____

TRANSFERRED TO:

OPERATOR:_____

ADDRESS:_____

_____

E-MAIL: _____

PHONE NO:_____

IF CORPORATION, NAME OF PRINCIPAL OFFICER:
_____

COUNTY:_____

WELL NO.	CARTER COORDINATE SPOT LOCATIONS	PERMIT NUMBER

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

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**