

Oil and Gas Well Facility Change of Ownership Form

Facility Registration No. _____

NEW OWNER

Company Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Owner or Contact Info:

Name _____ Title _____

Address _____

Telephone _____ E-mail _____

PREVIOUS OWNER

Company Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

FACILITY INFORMATION

Facility Name _____ County _____

Date of Ownership Change _____

(Note: If the facility process has been modified (or will be modified), please submit the appropriate information describing the modifications in accordance with ARM 17.8.1703.)

FOR MULTIPLE SITES

For the change of ownership for multiple oil and gas well facilities, attach a list identifying the facility name, facility registration number, facility location, and date of ownership change.

CERTIFICATION OF ACCURACY AND COMPLETENESS

I hereby certify that, to the best of my knowledge, information, and belief, formed after reasonable inquiry, the information provided is true, accurate, and complete.

Name _____
(Print or Type)

Title _____ Telephone _____

Signature _____ Date _____
(Original Signature Required)