



**Oil and Gas Well Facility Registration  
Change of Ownership Form**

**Facility Registration No.** \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Owner or Company Official to contact regarding this facility:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**PREVIOUS OWNER**

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**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)*