

DEPARTMENT USE ONLY

The Department of Environmental Conservation hereby approves this request for transfer of well responsibilities

BY \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



Department of Environmental Conservation

DIVISION OF MINERAL RESOURCES

**REQUEST FOR TRANSFER OF WELL RESPONSIBILITIES**

Submit One Original

**This form is a legal document. Read the applicable affirmation and signature carefully before signing.**

THIS DOCUMENT SHOULD BE PRINTED ON LEGAL SIZE PAPER

TRANSFEROR (Current Operator):	
NAME OF TRANSFEROR	CONTACT NAME
STREET ADDRESS, CITY, STATE, ZIP CODE	TELEPHONE NUMBER (Daytime) ( )
TRANSFEEE (Proposed New Operator):	
NAME OF TRANSFEEE	CONTACT NAME
STREET ADDRESS, CITY, STATE, ZIP CODE	TELEPHONE NUMBER (Daytime) ( )

The Transferor acknowledges that, until Department approval of this request for transfer of well responsibilities for the well(s) listed below, Transferor remains legally responsible for complying with all legal requirements for **each well**, including, but not limited to, the Environmental Conservation Law (ECL) and the Department's regulations. As part of the Department's evaluation of this transfer request, a well inspection may be conducted for each well. Any and all deficiencies found must be remediated to the Department's satisfaction before the transfer can be approved. The Transferor hereby acknowledges that the Department's approval of this transfer request may not eliminate all of its liability and obligations with respect to each well.

The Transferee acknowledges that upon Department approval of this request for transfer of well responsibilities for the well(s) listed below it is legally responsible for complying with all legal requirements for **each well**, including, but not limited to, the ECL and the Department's regulations.

If the current operator of each well, as indicated in Department records, is unknown or unresponsive, the Transferee affirms by checking the following box  and signing this form that it has exercised due diligence in attempting to locate the current operator of record to obtain its signature on this transfer request. In such case, no signature from the Transferor is required on this form. In all other cases, both the Transferor and the Transferee acknowledge that all holders of interests affected by this transfer have been or will be properly notified. In such cases, both parties agree to furnish records and reports, including, but not limited to, lease and/or deed documentation, at the request of the Department. By signing this form, the Transferor certifies that it is not aware of any fact that would preclude Transferee's lawful operation of the well(s).

By signing this form, the Transferee certifies that it is not aware of any fact that would preclude the Transferee's lawful operation of the well(s). By signing this form, the Transferee certifies that it, as the acquiring party (**check the appropriate box**):

owns the mineral interest       holds a valid and effective lease       holds a valid and effective operating contract

which gives the Transferee the right to operate the well(s) listed below. The Department's approval of this transfer request does not confer, modify or extinguish property rights and recognizes only: a) the transfer of authority to operate the well(s) listed below; and b) that the Transferee has regulatory compliance responsibilities.

I hereby affirm under penalty of perjury that the information provided in this form is true to the best of my knowledge and belief. By signing this form, I acknowledge that DEC has the right to enter upon and pass through the property or properties where the well(s) subject to this form is/are located for the purposes of inspection of the well(s) and, to the extent necessary, areas adjacent to such well site(s). I further acknowledge that DEC staff has the right to enter upon and pass through such property in order to inspect site(s), without prior notice, between the hours of 7:00 am and 7:00 pm, Monday through Friday, or any time well-related activities are ongoing at a specific site. By signing this form, I further acknowledge under penalty of perjury that DEC's authority to inspect the well(s) and adjacent areas remains in effect as long as such well(s) are regulated by DEC. I am aware that false statements made in this report are punishable pursuant to Section 210.45 of the Penal Law.

TYPE OR PRINT NAME OF AUTHORIZED PERSON – TRANSFEROR		TYPE OR PRINT NAME OF AUTHORIZED PERSON – TRANSFEEE	
SIGNATURE OF TRANSFEROR	DATE	SIGNATURE OF TRANSFEEE	DATE
SWORN TO AND SUBSCRIBED		SWORN TO AND SUBSCRIBED	
BEFORE ME, THIS		BEFORE ME, THIS	
DAY OF 20		DAY OF 20	
NOTARY PUBLIC		NOTARY PUBLIC	

**Note for Well(s) Transferred to Landowners:** The well(s) you are acquiring for personal use may require periodic servicing to maintain compliance with the ECL and all DEC Regulations. At such time as the well is no longer capable of producing oil or gas, it must be properly plugged and abandoned in accordance with 6 NYCRR 555.5.

# WELL(S) TO BE TRANSFERRED (ATTACH ADDITIONAL SHEETS WHEN NECESSARY)

WELL NAME AND NUMBER	API IDENTIFICATION NUMBER									
1.	31	-								
2.	31	-								
3.	31	-								
4.	31	-								
5.	31	-								
6.	31	-								
7.	31	-								
8.	31	-								
9.	31	-								
10.	31	-								
11.	31	-								
12.	31	-								
13.	31	-								
14.	31	-								
15.	31	-								
16.	31	-								
17.	31	-								
18.	31	-								
19.	31	-								
20.	31	-								
21.	31	-								
22.	31	-								
23.	31	-								
24.	31	-								
25.	31	-								
26.	31	-								
27.	31	-								
28.	31	-								
29.	31	-								
30.	31	-								
31.	31	-								
32.	31	-								
33.	31	-								
34.	31	-								
35.	31	-								
36.	31	-								
37.	31	-								
38.	31	-								
39.	31	-								
40.	31	-								
41.	31	-								
42.	31	-								
43.	31	-								
44.	31	-								
45.	31	-								