

OIL AND GAS OPERATIONS WELL DEVELOPMENT IMPOUNDMENT TRANSFER FORM

DEP USE	
Auth No.	APS No.
Site No.	Facility No.
Client No.	Sub-fac No.

A. TRANSFEROR IDENTIFICATION

Applicant		DEP ID (OGO No.)		
Address				
City	State	Zip Code	County	Municipality
Phone No.		Fax No.		

B. TRANSFEREE IDENTIFICATION

Applicant		DEP ID (OGO No.)		
Address				
City	State	Zip Code	County	Municipality
Phone No.		Fax No.		

C. WELL DEVELOPMENT IMPOUNDMENT IDENTIFICATION

Impoundment Name		Date Constructed
Township		County
Latitude (decimal degrees) N °	Longitude (decimal degrees) W °	
Wells serviced by this well development impoundment (API No.)		

D. AFFIDAVITS, CERTIFICATIONS AND SIGNATURES

CURRENT OPERATOR (TRANSFEROR)

Subject to the penalties of Title 18-PA C.S. §4904 (relating to unsworn falsification to authorities, I certify that I have the authority to submit this request for transfer of approvals listed herein on behalf of the named transferor. I understand that I may be held jointly and severally liable for this well development impoundment. Further, I certify that the information provided on this form and attachments is true and correct to the best of my knowledge and information.

_____ (Print Name, Title and Contact Details)

_____ (Signature)



COMMONWEALTH OF PENNSYLVANIA
 SWORN TO AND SUBSCRIBED BEFORE ME
 THIS _____ DAY OF _____,

COUNTY OF _____

SS _____

(Notary Public)

MY COMMISSION EXPIRES _____

SUCCESSOR OPERATOR (TRANSFEREE)

Subject to the penalties of Title 18-PA C.S. §4904 (relating to unsworn falsification to authorities), I certify that I have the authority to submit this request for transfer of approvals listed herein on behalf of transferee.

I have received and reviewed the well development impoundment, to be transferred, and will adhere to all its terms/conditions. I understand that I may be held jointly and severally liable for the well development impoundment. Further, I certify that the information provided on this form and attachments is true and correct to the best of my knowledge and information.

(Print Name, Title and Contact Details)

(Signature)

CORPORATE SEAL

COMMONWEALTH OF PENNSYLVANIA
SWORN TO AND SUBSCRIBED BEFORE ME
THIS _____ DAY OF _____, _____

COUNTY OF _____

SS _____

(Notary Public)

MY COMMISSION EXPIRES _____