

DEPARTMENT of AGRICULTURE and NATURAL RESOURCES Minerals, Mining, and Superfund Program 221 Mall Drive, Suite #201, Rapid City, SD 57701 Telephone: 605-773-4201, FAX: 605-394-5317

TRANSFER OF OPERATOR

TRANSFERRING COMPANY

Name:						
Address:						
company na		ses me of all liability with	pelow for the purpose of ownership and n regard to ownership and/or operation.			
S	ignature	Name (print)	Title	Date		
State of County of)				
On this day of, 20, before me personally appeared and acknowledged that he is the current operator and that he is authorized to execute this transfer.						
My Commission Expires: Notary Public (Seal)						
Ecc .: D	. CTD C					
Effective Date of Transfer: Permit # Well Name and Number			Location (Qtr-Qtr, Sec, Twp, Rge)			
T CITITE II	Well Pulle and Pulled		Location (Qu. Qu., Sec., 1 wp, 10ge)			

Use additional page(s) if appropriate

RECEIVING COMPANY Name: Address: I hereby acknowledge and certify that I have read the foregoing statement and accept such transfer for the purpose of ownership and/or operation of said well or wells. In agreeing to this transfer, I am assuming all responsibility and liability for plugging and reclaiming the well or wells and am affirming that all operations will be conducted in accordance with the applicable permits, permit conditions, orders of the Board of Minerals and Environment, rules and laws. I understand that any proposed changes in operations must be submitted in writing to the Department of Agriculture and Natural Resources and that this transfer is contingent on the submission of a surety to cover plugging and surface reclamation, an organization report, a bonding company information sheet, a certification of applicant form, and a permission to inspect form prior to transfer. Signature Name (print) Title Date State of County of on this _____ day of _____, 20___, before me personally appeared _____ and acknowledged that he is the new operator and that he is authorized to accept this transfer. Notary Public______ My Commission Expires _____ (Seal) Principal: Amount of Surety: Bond Number: Name and Address of Surety: We, the above PRINCIPAL AND SURETY, agree that such surety shall extend to compliance with SDCL ch. 45-9 and the regulations promulgated thereunder within the State of South Dakota, in relation to the above stated transfer. Signature Name (print) Title Date

FOR OFFICE USE ONLY

Approved By:	Title:	Date: