



## TRANSFER OF OPERATOR

### TRANSFERRING COMPANY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby acknowledge and certify the transfer of the well or wells named below for the purpose of ownership and/or operation to the company named below. And, said transfer releases me of all liability with regard to ownership and/or operation, and any surety that I have submitted will be released only upon approval of the 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 current operator and that he is authorized to execute this transfer.

\_\_\_\_\_  
Notary Public  
(Seal) My Commission Expires: \_\_\_\_\_

Effective Date of Transfer:		
Permit #	Well Name and Number	Location (Qtr-Qtr, Sec, Twp, Rge)

Use additional page(s) if appropriate

RECEIVING COMPANY

Name: \_\_\_\_\_

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Address: \_\_\_\_\_

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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.

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Signature	Name (print)	Title	Date
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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: _____
_____	\$ _____
Name and Address of Surety: _____	Bond Number: _____
_____	No. _____

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.

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Signature	Name (print)	Title	Date
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FOR OFFICE USE ONLY

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_