Oil & Gas Form 3A

## Florida Department of Environmental Protection

Form Title: NOTICE OF CHANGE OF OPERATOR

Date Revised: March, 1998

Incorporated by Reference in: Section 62C-26.008, F.A.C.

File this form in triplicate with the Florida Department of Environmental Protection, Oil and Gas Program, 2600 Blair Stone Road, MS 3588, Tallahassee, Florida 32399-2400 (phone 850/245-8336). Email: OGP@dep.state.fl.us PURPOSE OF APPLICATION a) Notice of change of name of present operator. \_\_\_\_\_ (yes or no) \_\_\_\_ (yes or no) b) Notice of change of operator Specify kind of well, status and field or area, as appropriate: CURRENT (Old) Name: **OPERATOR** Address: \_\_\_\_ Fax: \_\_\_\_ Phone: FUTURE (New) Name: **OPERATOR** Address: Phone: \_\_\_\_\_ Fax: \_\_\_\_\_\_ WELL TO BE TRANSFERRED Name & Number: Permit Number: Location: \_\_\_\_\_ (Section, Section Calls, Township, Range) New operator must provide acceptable security, before the transfer can be completed. STATEMENT OF CURRENT (Old) OPERATOR State: \_\_\_ \_\_\_\_\_, am the \_\_\_\_\_ (Name) and I hereby transfer operatorship or ownership of the above (Company) Described well (and concurrent responsibilities under Chapter 377, Florida Statutes, and Chapter 62C-25 through 30, Florida Administrative Code) to the new operator or owner named below. Signature:

	STATEMENT OF FUTURE (New) OPERATOR		
State:			
County:			
I,	, am the		
(Name)		(Title)	
of and I hereby accept operatorship or ownership of the		operatorship or ownership of the well (and	
(Company) concurrent responsibilities under Chap	ter 377, Florida Statutes, and Chapter 62C-25 through 30, I	Florida Administrative Code) described above	
from the current (old) operator or owner	r named above.		
	Signature:		
	Date:		
	ACTION OF DEPARTMENT		
Action:(Approved/Denied)	By:(Name)	(Title)	
Date:	Signature:		