
STATEMENT OF FUTURE (New) OPERATOR

State: _____

County: _____

I, _____, am the _____

(Name)

(Title)

of _____ and I hereby accept operatorship or ownership of the well (and
(Company)
concurrent responsibilities under Chapter 377, Florida Statutes, and Chapter 62C-25 through 30, Florida Administrative Code) described above
from the current (old) operator or owner named above.

Signature: _____

Date: _____

ACTION OF DEPARTMENT

Action: _____
(Approved/Denied)

By: _____
(Name) (Title)

Date: _____

Signature: _____