## STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING

TRANSFER OF AUTHORITY TO INJECT				
Well Name and	Number			API Number
Location of Well				Field or Unit Name
Footage :			County :	Lease Designation and Number
QQ, Section,	Township, Range:		State : UTAH	
EFFECTIVE D	DATE OF TRANSFER:			
CURRENT OP	ERATOR			
Company:			Name:	
Address:				
	city state	zip	Title:	
Phone:			Date:	
Comments:				
NEW OPERAT	OR			
Company:			Name:	
Address:			Signature:	
	city state	zip	Title:	
Phone:			Date:	
Comments:				
(This space for S	ate use only)			
Transfer approved by:			Approval Date	:
Title:				
-				
Comr	nents:			

## INSTRUCTIONS

This report shall be filed to request a transfer of authority to inject for any injection well from one operator to another. The request must be submitted prior to the date of the proposed transfer. The authority to inject shall not be transferred from one operator to another without the approval of the division. If the transfer is for an enhanced recovery project involving multiple wells, one form can be submitted with a list attached describing the wells

The division shall, within 30 days after the receipt of a properly completed form, return a copy of the form to each operator indicating approval or denial of the transfer of authority to inject. If approved, a copy of the order authorizing injection shall be attached to the form which is returned to the new operator.

Send to:

Utah Division of Oil, Gas and Mining 1594 West North Temple, Suite 1210 Box 145801 Salt Lake City, Utah 84114-5801 
 Phone:
 801-538-5340

 Fax:
 801-359-3940