



**APPLICATION FOR STORAGE
FACILITY REGISTRATION TRANSFER**
State Form 56797 (R / 3-20) / Form No. A8

**INDIANA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS**
402 West Washington Street, Room W293
Indianapolis, IN 46204
Telephone: (317) 232-4055
Fax: (317) 232-1550
Internet: <http://www.in.gov/dnr/dnroil>

Facility Number	Section	Township	Range	Lease Name
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PART I APPLICATION FOR TRANSFER

Name of Operator	Address of operator (<i>number and street, city, state, and ZIP code</i>)
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Name of new Operator	Address of new Operator (<i>number and street, city, state, and ZIP code</i>)	E-mail Address
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Does new operator own or control one-hundred percent (100%) of the rights to drill and produce oil and/or natural gas in and under land(s) within the above named lease? Yes No *If No, explain the basis upon which the operator claims the right to drill and produce oil and/or natural gas under this lease.*

The Department of Natural Resources (the Department) has, pursuant to IC 14-37, issued or transferred the storage facility registration number to the operator shown above.
The operator now applies to the Department to transfer the storage facility registration to the new operator shown above in accordance with 312 IAC 29-24-1(f).
The new operator is not in violation with respect to another permit or storage facility issued under IC 14-37 and otherwise qualifies under IC 14-37 and 312 IAC 29 to receive the storage facility registration transfer.

By signing below, the new operator hereby accepts responsibility for the correction of any outstanding enforcement actions related to the storage facility registration being transferred.

We affirm under the penalty for perjury that the foregoing is true to the best of our knowledge and belief.

Printed name of operator

Signature of operator	Date signed (<i>month, day, year</i>)
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Printed name of new operator

Signature of new operator	Date signed (<i>month, day, year</i>)
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PART II APPROVAL OF TRANSFER

Signature of Director, Division of Oil and Gas	Date signed (<i>month, day, year</i>)
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SPECIAL REQUIREMENTS

1. Please print or type in completing this form and return to the address listed at the top of this form.
2. The new operator must submit an Organizational Report with this application unless you have a valid report on file with the division.
3. Only those persons whose names appear in PARTS V or VI of the Organizational Report may sign this form as the operator or new operator. The signatures of both the operator and new operator must appear on this form before a transfer request can be processed.
4. If the new operator is a corporation, limited partnership, or limited liability company, registration with the Indiana Secretary of State is required before a transfer request can be processed. For information regarding registration, you should contact the Corporations Division of the Secretary of State at (317) 232-6576.
5. There is no fee to transfer a storage facility registration.