

**UNITIZATION CHANGE OF OPERATOR CHECK LIST**

**RESIGNATION/DESIGNATION OF UNIT OPERATOR**

**SLO UNIT NAME** \_\_\_\_\_

**SLO UNIT NUMBER** \_\_\_\_\_

**EXTERNAL REVIEW**

**Both Resigning Unit Operator and Designated Unit Operator  
PLEASE CHECK OFF THE FOLLOWING:**

Resigning    Designated  
Unit            Unit  
Operator      Operator

- \_\_\_\_\_ Please provide a Unit Transfer cover letter including contact person(s) in case the NMSLO has questions.
- \_\_\_\_\_ A separate form should be submitted for each unit. If more than one unit is being transferred, all ratifications for each unit should be included and separate.
- \_\_\_\_\_ What is the designated operator's OGRID?
- \_\_\_\_\_ On the NMSLO Operator Resignation/Designation Form, Resigning Operator completes and notarizes page 1. Designated Unit Operator completes and notarizes page 2.
- \_\_\_\_\_ Has the complete approved NMOCD C-145 Well Transfer Form been attached?
- \_\_\_\_\_ If a name change and/or merger has occurred, please include instruments and attach certificates of merger. If applicable, any name change and/or merger should also be filed with the leasing manager. If not, put N/A for Not Applicable.
- \_\_\_\_\_ Both Resigning Operator and Successor Operator must certify that all environmental rules and regulations pursuant to State Land Office Rules 19.2.100.66 (Surface Operations on State Oil and Gas Leases), 19.2.100.67 (Surface Reclamation on State Oil and Gas Leases) and 19.2.100.69 (Payment of State Royalties) are complied with. Copies of these rules are attached.
- \_\_\_\_\_ Resigning Operator has documented and relayed all open surface releases and environmental liabilities to the Designated Operator and included a copy to the NM State Land Office

(NMSLO). All open surface releases and environmental liabilities must be addressed to the satisfaction of the NMSLO before the change of operator will be approved by the Commissioner.

- \_\_\_\_\_ Resigning Operator has documented and relayed all wells that have been plugged and all inactive wells that need to be plugged and abandoned, or returned to production, to the NMSLO and Designated Operator. All inactive wells must be addressed to the satisfaction of the NMSLO before the change of operator will be approved by the Commissioner.
- \_\_\_\_\_ Resigning Operator has provided current production reports up-to-date to the NMOCD.
- \_\_\_\_\_ Designating Operator has reviewed the production reports and is aware of the number of inactive wells in the unit, as defined by 19.15.5.9 NMAC.
- \_\_\_\_\_ The Designated Unit Operator must adhere to all rules and regulations pursuant to Rule 19 NMAC - State Trust Lands Rules.

**SPILLS**

Number of open spills reported to New Mexico Oil Conservation Division (OCD): \_\_\_\_\_

For any open spills, list RP number(s): \_\_\_\_\_

Number of spills on lease (if any) not reported to OCD: \_\_\_\_\_

Please provide a description of each unreported spill with as much information as available (date or time frame of spill, nature and volume of spill, location of spill, and any action taken to address spill), and any associated API/facility:

---

---

---

---

## ATTESTATION

### RESIGNING OPERATOR

I hereby affirm and attest, under penalty of perjury, that

\_\_\_\_\_ (Resigning Operator / Representative ) has performed reasonable due diligence concerning the unit to be assigned, and that the forgoing statements are true and correct to the best of my knowledge and belief.

Name (Print or Type) Resigning Operator Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

### DESIGNATED OPERATOR

I hereby affirm and attest, under penalty of perjury, that

\_\_\_\_\_ (Designated Operator / Representative ) has performed reasonable due diligence concerning the unit to be assigned, and that the forgoing statements are true and correct to the best of my knowledge and belief.

Name (Print or Type) Designated Operator Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_