August 2024

UNITIZATION CHANGE OF OPERATOR CHECK LIST

NOTE: THIS IS DONE IN STEPS, DO NOT TRANSFER WELLS WITH THE OCD UNTIL THE LAND OFFICE HAS GIVEN PRELIMINARY APPROVAL

RESIGNATION/DESIGNATION OF UNIT OPERATOR

SLO UNIT NAME _____

SLO UNIT NUMBER _____

EXTERNAL REVIEW

Both Resigning Unit Operator and Designated Unit Operator

PLEASE *INITIAL THE FOLLOWING:*

RESIGNING OPERATOR	DESIGNATED 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 ? _____
☐	☐	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.
☐	☐	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 applicable, indicate here _____.
☐	☐	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.

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:

_____
_____
_____
_____

INACTIVE WELLS

List all wells, by API, in the unit that have not produced for the last 15 months:

_____
_____
_____
_____

Attach an exhibit detailing the plans for each inactive well listed above.

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 _____

PART 2

Both Resigning Unit Operator and Designated Unit Operator

PLEASE *INITIAL THE FOLLOWING:*

RESIGNING OPERATOR	DESIGNATED OPERATOR	
☐	☐	NMSLO has issued a preliminary approval letter to allow a C-145 and resignation / designation to be submitted.
☐	☐	On the NMSLO Operator Resignation / Designation Form, Resigning Operator completes and notarizes page 1. Designated Unit Operator completes and notarizes page 2. *This will not be approved until NMSLO has approved this initial coversheet and granted preliminary approval. Do NOT submit until **after** receiving preliminary approval.
☐	☐	Has the complete approved NMOCD C-145 Well Transfer Form been attached? *Do **NOT** submit a C-145 until receiving preliminary approval from NMSLO**. Only the operator or record, per NMSLO records, may operate unit wells.**
☐	☐	The Designated Unit Operator must adhere to all rules and regulations pursuant to Rule 19 NMAC - State Trust Lands Rules.

Resigning Operator Signature _____

Designated Operator Signature _____