OMB No. 2040-0042 Approval Expires 4/30/2022

United States Environmental Protection Agency

EPA

Application To Transfer Permit/Ownership

Name, Address, Phone Number and/or Email of Existing Permittee	Name, Address, Phone Number and or Email of New Owner

State	County

Well Type

- ☐ Class I
- ☐ Class II
  - ☐ Brine Disposal
  - ☐ Enhanced Recovery
  - ☐ Hydrocarbon Storage
- ☐ Class III
- ☐ Class V

Locate well in two directions from nearest lines of quarter section and drilling unit

Surface Location

☐ 1/4 of ☐ 1/4 of Section ☐ Township ☐ Range ☐

☐ ft. from (N/S) ☐ Line of quarter section

☐ ft. from (E/W) ☐ Line of quarter section.

Latitude ☐ Longitude ☐

Permit (or EPA ID) Number ☐ API Number ☐ Full Well Name ☐

Attach to this application a written agreement between the existing and new permittee containing a specific date for transfer of permit responsibility, coverage, and liability between them.

The new permittee must show evidence of financial responsibility by the submission of a surety bond, or other adequate assurance, such as financial statements or other materials acceptable to the Director.

Wellbore Schematic Attached? ☐

Certification

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR § 144.32)

Name and Official Title of Transferor (Seller)*(Please type or print)*	Signature	Date Signed

Name and Official Title of Transferee (Buyer)*(Please type or print)*	Signature	Date Signed

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INSTRUCTIONS FOR FORM 7520-7

This form must be completed by all owners or operators who are seeking to transfer ownership of an injection well that is permitted under the UIC Program. While reports or other information developed by contractors or service companies may be attached, this form must be signed by a responsible entity as described at 40 CFR 144.32. If the form covers multiple wells, use additional pages as necessary to provide all the requested information.

NAME, ADDRESS, PHONE AND/OR EMAIL OF EXISTING PERMITTEE: Enter the name and street address, city/town, state, and ZIP code of the current owner/permit holder of the well, well field, or company. Also provide an email address (if available) and/or a phone number.

NAME, ADDRESS, PHONE AND/OR EMAIL OF NEW OWNER: Enter the name and street address, city/town, state, and ZIP code of the entity to which ownership is being transferred (i.e., the buyer of the well, well field or company). Also provide an email address (if available) and/or a phone number.

Enter the **STATE** and **COUNTY** where the well is located. For States that do not have counties, use the name of that State's equivalent jurisdiction at a more local level.

WELL TYPE: Enter the Class (as defined in 40 CFR 144.6) and type of injection well.

WELL LOCATION: Fill in the complete township, range, and section to the nearest quarter-quarter section. A township is north or south of the baseline, and a range is east or west of the principal meridian (e.g., T12N, R34W). Also include the distance, in feet, from the nearest north or south line and nearest east or west line of the quarter-section. Also, enter the **latitude** and **longitude** of the well in decimal degrees, to five or six places if possible; be sure to include a negative sign for the longitude of a well in the Western Hemisphere and a negative sign for the latitude of a well in the Southern Hemisphere. For an area permit, give the latitude and longitude of the approximate center of the area.

PERMIT OR EPA ID NUMBER: Enter the well identification number or permit number assigned to the injection well by the EPA or the permitting authority.

API NUMBER: Enter the number assigned by the local jurisdiction (usually a State Oil and Gas Agency) using the American Petroleum Institute standard numbering system.

FULL WELL NAME: Enter the full name of the well or project. If the facility includes several wells, specify which wells are being transferred.

ATTACHMENTS: Attach the following items to the completed form: (1) The written agreement between the existing permittee (i.e., transferor/seller) and the new permittee (i.e., transferee/buyer) containing a specific date for transfer of permit responsibility, coverage, and liability between them. (2) Evidence of financial responsibility for the new permittee, i.e., a surety bond, or other adequate assurance, such as financial statements or other materials acceptable to the Director. If a wellbore schematic for the well being transferred is available, attach it, and check the box on the form.

CERTIFICATION: The transferor (seller) and transferee (buyer) must sign and date the form. This form must be signed by either: a responsible corporate officer for a corporation, by a general partner for a partnership, by the proprietor of a sole proprietorship, or by a principal executive or ranking elected official for a public agency.

PAPERWORK REDUCTION ACT NOTICE: The public reporting and recordkeeping burden for this collection of information is estimated to average between 2.9 and 5.8 hours per response, depending on the injection well class. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.