



**ILLINOIS DEPARTMENT OF NATURAL RESOURCES
Office of Mines and Minerals**

Division of Oil and Gas
(217) 785-5120

One Natural Resources Way
Springfield, Illinois 62702-1271



OG-26 NOTIFICATION OF WELL TRANSFER

INDIVIDUAL WELL **LEASE/UNIT**

TRANSACTION # _____

WELL INFORMATION

REFERENCE.#: _____	PERMIT #: _____	DATE ISSUED: _____
WELL NAME: _____		WELL #: _____
LOCATION: _____		
SECTION: _____	TOWNSHIP: _____	(NORTH/SOUTH) RANGE: _____ (EAST/WEST) COUNTY: _____

LEASE / UNIT INFORMATION:

TOTAL NUMBER OF WELLS IN TRANSFER: _____	LEASE / UNIT NAME: _____
LEASE / UNIT LEGAL DESCRIPTION (ATTACH LEGAL DESCRIPTION OR MAP IF NECESSARY AND ATTACH WELL LIST AS INSTRUCTED ON REVERSE SIDE)	

FACILITY INFORMATION:

TANK BATTERY REGISTRATION # _____	SECTION: _____	TOWNSHIP: _____	RANGE: _____
LOCATION: _____			
CONCRETE STORAGE STRUCTURE PERMIT #: _____	SECTION: _____	TOWNSHIP: _____	RANGE: _____
LOCATION: _____			
ATTACH LIST OR MAP IF MORE THAN 1 FACILITY INCLUDED IN TRANSFER			

CURRENT PERMITTEE:

NAME: _____		PERMITTEE #: _____
ADDRESS: _____		
PRINT NAME _____	TITLE _____	
SIGNATURE _____	DATE _____	

NEW PERMITTEE:

NAME: _____		PERMITTEE #: _____
ADDRESS: _____		
I HEREBY ACKNOWLEDGE, THAT AS PERMITTEE, I AM RESPONSIBLE FOR ENSURING COMPLIANCE WITH ALL ASPECTS OF THE ILLINOIS OIL AND GAS ACT AND DEPARTMENT RULES PROMULGATED IN ACCORDANCE WITH THE ILLINOIS OIL AND GAS ACT, INCLUDING BUT NOT LIMITED TO PAYING ANNUAL WELL FEES, COMPLIANCE WITH WELL OPERATING AND REPORTING REQUIREMENTS, NOTIFICATION OF TRANSFER OF OWNERSHIP, AND THE EVENTUAL PLUGGING OF THE WELL(S).		
PRINT NAME _____	TITLE _____	
SIGNATURE _____	DATE _____	

DEPARTMENT USE ONLY:

EFFECTIVE _____, THIS REQUEST TO TRANSFER THE ABOVE IDENTIFIED WELL OR WELLS AS SHOWN ON ATTACHED LIST, COMPLIES WITH ALL APPLICABLE REQUIREMENTS OF THE ILLINOIS OIL AND GAS ACT AND RULES PROMULGATED BY THE DEPARTMENT AND IS APPROVED.	
SIGNATURE _____	DATE _____

INSTRUCTIONS:

CURRENT PERMITTEE:

1. COMPLETE AND SIGN THIS FORM AND FORWARD TO DEPARTMENT OR TO NEW PERMITTEE FOR SIGNATURE. USE (1) FORM FOR EACH INDIVIDUAL WELL TRANSFER REQUEST OR FOR EACH LEASE FOR MULTIPLE WELL TRANSFER REQUESTS.
2. IF MORE THAN ONE WELL, PROVIDE A LIST OF ALL WELLS TO BE INCLUDED IN TRANSFER, SHOWING WELL NAME, LOCATION, PERMIT NUMBER AND REFERENCE NUMBER IF AVAILABLE.
3. PROVIDE A LIST OF ALL WELLS KNOWN TO THE CURRENT PERMITTEE FOR WHICH NO PERMIT HAS PREVIOUSLY BEEN ISSUED, WHICH ARE LOCATED ON THE TRANSFERRED LEASE OR UNIT.
4. PROVIDE COPIES, IF REQUESTED BY THE DEPARTMENT, OF THE LEASE ASSIGNMENT OR OTHER DOCUMENTS EVIDENCING THE ASSIGNMENT, TRANSFER OR SALE TO THE NEW PERMITTEE.

NEW PERMITTEE:

1. PROVIDE COPIES OF THE RECORDED LEASE ASSIGNMENTS OR OTHER DOCUMENTS EVIDENCING THE ASSIGNMENT, TRANSFER OR SALE TO THE NEW PERMITTEE.
2. IF MORE THAN ONE WELL, PROVIDE A LIST OF ALL WELLS TO BE INCLUDED IN TRANSFER, SHOWING WELL NAME, LOCATION, PERMIT NUMBER AND REFERENCE NUMBER IF AVAILABLE.
3. COMPLETE AND SIGN ORIGINAL TRANSFER FORM (OG-26). USE (1) FORM FOR EACH INDIVIDUAL WELL TRANSFER REQUEST OR FOR EACH LEASE FOR MULTIPLE WELL TRANSFER REQUESTS.
4. PROVIDE REQUIRED BOND, IF APPLICABLE, IN ACCORDANCE WITH SUBPART O OF RULES.
5. IF THE NEW PERMITTEE IS A CORPORATION, PROVIDE EVIDENCE THAT THE CORPORATION IS INCORPORATED OR AUTHORIZED TO DO BUSINESS IN THE STATE OF ILLINOIS, AND AUTHORIZED UNDER ITS CHARTER TO ENGAGE IN THE PERMITTED ACTIVITY.
6. IF THE NEW PERMITTEE IS AN INDIVIDUAL, PARTNERSHIP, OR OTHER UNINCORPORATED ENTITY THAT IS NOT A RESIDENT OF ILLINOIS, PROVIDE AN IRREVOCABLE CONSENT TO BE SUED IN ILLINOIS.
7. PAY REQUIRED TRANSFER FEE WHICH WILL BE BILLED TO NEW PERMITTEE AFTER DEPARTMENT REVIEW AND APPROVAL OF TRANSFER. FEE IS \$15.00 PER WELL. IF TRANSFER IS FOR 50 OR MORE WELLS IN THE SAME TRANSACTION, THE FEE IS \$15.00 PER WELL UP TO AND INCLUDING 50 WELLS AND THEN \$10.00 FOR EACH WELL AFTER 50 WELLS.

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in the Ill. Compiled Stat. Ch. 225, pars. 725 et. seq. Failure to disclose this information will result in this form not being processed. This form has been approved by the Forms Management Center.