



TRANSFER OF AUTHORITY TO INJECT

Well Name and Number		API Number
Location of Well		Field or Unit Name
Footage :	County :	Lease Designation and Number
QQ, Section, Township, Range:	State : UTAH	

EFFECTIVE DATE OF TRANSFER: _____
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CURRENT OPERATOR	
Company: _____	Name: _____
Address: _____	Signature: _____
<u>city</u> <u>state</u> <u>zip</u>	Title: _____
Phone: _____	Date: _____
Comments:	

NEW OPERATOR	
Company: _____	Name: _____
Address: _____	Signature: _____
<u>city</u> <u>state</u> <u>zip</u>	Title: _____
Phone: _____	Date: _____
Comments:	

(This space for State use only)

EPA approval required

Max Inj. Press.
Max Inj. Rate
Perm. Inj. Interval
Packer Depth
Next MIT Due

INSTRUCTIONS

This report shall be filed to request a transfer of authority to inject for any injection well from one operator to another. The request must be submitted prior to the date of the proposed transfer. The authority to inject shall not be transferred from one operator to another without the approval of the Division. If the transfer is for an enhanced recovery project involving multiple wells, one form can be submitted with a list attached describing the wells

The request for transfer shall be submitted electronically by using the Utah ePermit reporting system located on the Division's website (Or directly at <https://oilgasweb.ogm.utah.gov/apd/login.cfm>) Attach a PDF copy of this UIC Form 5 to a new electronic Sundry Notice and submit.

The Division shall, within 30 days after the receipt of a properly completed form, return a copy of the form to each operator indicating approval or denial of the transfer of authority to inject. If approved, a copy of the order authorizing injection shall be attached to the form which is returned to the new operator.