



**SUP TRANSFER REQUEST  
ASSIGNED OPERATOR APPLICATION FORM  
SUPPLEMENT TO TRANSFER OF OPERATIONS AGREEMENT FORM**

Application Date: \_\_\_\_\_

New Operator Name: \_\_\_\_\_

Previous Operator: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well Name/#: \_\_\_\_\_

Haslet SUP#: \_\_\_\_\_ RRC Permit #: \_\_\_\_\_

Abstract, Survey, County: \_\_\_\_\_

X Coordinate: \_\_\_\_\_ Y Coordinate: \_\_\_\_\_ NAD: \_\_\_\_\_

What is the current status of this well? (Producing? Inactive? Dormant? etc.)

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**OPERATOR INFORMATION:**

Operator Name: \_\_\_\_\_

RRC Operator Number: \_\_\_\_\_

Incorporation State: \_\_\_\_\_ Partnership? \_\_\_\_\_ (If yes, list all partners on separate sheet)

Physical Mailing Address (not a PO Box):

Contact Name: \_\_\_\_\_ (agent data added below)

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**CONTACT INFORMATION:**

Agent to receive notice (if different than operator & must be a resident of Texas):

Physical Mailing Address (not a PO Box):

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**EMERGENCY 24 HOUR CONTACT PERSON: \_\_\_\_\_**

Physical Mailing Address (not a PO Box):

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

According to City of Haslet Code of Ordinances Article IV, Section 4.5. SUP, Specific Use Permit (11) “Transfer of Permit. Specific Use Permits granted under this Ordinance shall be transferable upon approval of the City Council, after a determination that all requirements of this Ordinance are met by the transferee. The current holder of a Specific Use Permit shall notify the City when property to which a Specific Use Permit applies is sold. The purchaser of the property shall apply to the City for transfer of the Specific Use Permit within 15 days after purchasing the property.”