

Branch File # _____

Registration #: _____
Date and Time Received: Y / M / D

Signature of Division Head
Date: Y / M / D

DO NOT WRITE ABOVE THIS LINE. FOR DEPARTMENT USE ONLY.

- A. The disposition identified in **section E** is hereby transferred by the transferor(s) to the transferee(s) to the extent indicated by this Transfer.
- B. This Transfer is supported by valuable consideration passing from the transferee(s) to the transferor(s).
- C. This Transfer may be executed in separate counterparts, and all of the executed counterparts shall together constitute one Transfer and shall have the same force and effect as if all of the persons executing such counterparts had executed the same Transfer.
- D. This Transfer has been executed by the authorized representatives of the transferor(s) and the transferee(s).

E. Disposition (type and number). Submit one form for each disposition affected by the Transfer.

F. Description of Location or part of Location being transferred (attach if necessary):

G. The current designated representative will remain in effect unless the following section is completed. The following new representative is designated for the disposition affected by this Transfer. The new designated representative will replace any previous designated representative. Provide full name of individual or corporation.

Previous designated representative	New designated representative
_____ Signature	_____ Signature
_____ Printed Name	_____ Printed Name
_____ Capacity	_____ Capacity

Notice of Official Service Address of Designated Representative or Sole Holder is attached.

This Disposition Transfer is submitted pursuant to the *Oil and Gas Act S.52*, the *Oil and Gas Disposition Regulations S.24, 49, 50 and 51*, and the *Oil and Gas Transfer Regulations S.9, 10, 11*.

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H. Transferor(s) Note: if there is more than one transferor, copy this page.

_____	_____ %	_____
TRANSFEROR	% Transferred	Client I.D.
_____	_____	
Printed Name	Capacity	

Signature		

I. Transferee(s) Note: if there is more than one transferee, copy this page.

_____	_____ %	_____
TRANSFEE	% Transferred	Client I.D.
_____	_____	
Printed Name	Capacity	

Signature		

Address		
_____	_____	
Province/Territory	Postal Code	
_____	_____	_____
Phone	Fax	E-mail