

**STATE OF WEST VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
OFFICE OF OIL & GAS  
Operator Registration and Designation of Agent Form**

1. Operator FEIN \_\_\_\_\_
2. Purpose of Filing    New Filing \_\_\_\_    Annual Renewal \_\_\_\_    Update/Correction \_\_\_\_
3. Well Operator (Company) Name \_\_\_\_\_
4. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
5. Contact Name \_\_\_\_\_    6. Telephone (\_\_\_\_)- \_\_\_\_\_
7. Fax (\_\_\_\_) \_\_\_\_\_    8. Company Contact E-mail \_\_\_\_\_
9. Attach a copy of Business Registration Certificate from the West Virginia Secretary of State, unless you are a sole proprietor or owner of home use well. All references to company name must match company name exactly as shown on Registration Certificate.

**Bonding Information (For new operator registrations only):**

10. \_\_\_\_\_ Blanket Bond            or    \_\_\_\_\_ Single Well Bond(s)
11. \_\_\_\_\_ Surety Bond(s)    \_\_\_\_\_ Cash Bond or Securities    \_\_\_\_\_ Letter of Credit
12. NAME AND ADDRESS OF SURETY, BANK ON WHICH LETTER OF CREDIT IS DRAWN, AND/OR DESCRIPTION OF SECURITIES OR OTHER COLLATERAL POSTED:  
\_\_\_\_\_  
\_\_\_\_\_

Pursuant to the provisions of West Virginia Code 22-6-6(e), and subject to the requirements of Office of Oil and Gas Rule, Title 35, Series 4, Sections 2.7. and 10.3., the undersigned hereby designates the following person to be the agent for the above named well operator for the purpose of receiving process, notices, orders, and other communications which may be issued under Chapters 22-1 and 22-6 of the West Virginia Code, 1931, as amended, and the rules and regulations of this Division. The undersigned represents that said designated agent is a bona fide **resident of the State of West Virginia**, has provided a West Virginia address, and has agreed to accept the designation. This designation applies to all wells owned or operated by the undersigned in West Virginia.

Designated Agent - Print Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone (304) \_\_\_\_\_ Fax (304) \_\_\_\_\_ Email \_\_\_\_\_  
Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

I declare under penalties of law that I am authorized to make this report, that this report was prepared under my supervision and direction, and that the data and facts stated herein are true, correct, and complete to the best of my knowledge.

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_ Phone (\_\_\_\_) - \_\_\_\_\_

Taken, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_