

**STATE OF LOUISIANA
DEPARTMENT OF CONSERVATION AND ENERGY
FORM APCCO - TRANSFER OF PLUGGING CREDIT**

I, _____, owner of the plugging credits listed below, and in that capacity am requesting the Secretary of the Department of Conservation and Energy of the State of Louisiana to transfer said plugging credit to:

OPERATOR CODE _____ OPERATOR NAME _____

New Operator Representative Signature New Operator Representative Printed Name Date

PRIOR OPERATOR NAME _____

Prior Operator Representative Signature Prior Operator Representative Printed Name Date

Well Credit SN	Value (1/2 or 1)	Location Type (Land, Inland Water, Offshore)	Field Name	Max TD (TVD)	Expiration Date	SN of Well Credit Applied to

DEPARTMENT OF CONSERVATION AND ENERGY USE ONLY

☐ Approved

Signed _____

☐ Denied

Date _____