

# eRMA2 Reporting Change Request Form

*All forms will be processed within 5 business days of receipt*

*Forms must be received by the 25th of the month in order to be processed during that month*

*Separate form required for each individual lease unless held by Unit/PA or CA*

*Change of Operator Requires Change of Operator Forms from the WOGCC or BLM*

*To Remove Current Operator/Payer a New Operator/Payer Must be Listed*

*Unit/PA or CA will not be Date Ended without receipt of BLM approval*

*Cannot remove complete reporting responsibility until all wells are P&A*

**Date of Request:**

**Company Requesting Change:**

**Company Number:**

**Individual Requesting Change:**

**Unit/PA or CA Name:**

**Unit/PA or CA Number:**

**Lease Number:**

## ***Use this section for Changes to Current Setup***

**Legal Description:**

**Current Unit Operator:**

**Current Lease Operator:**

**Current Payer(s):**

**Current Payer(s):**

**Current Address:**

**Tract Allocation:**

**Royalty Rate:**

**PSA:**

**Effective Date of Change:**

**New Unit Operator:**

**New Lease Operator:**

**New Payer(s):**

**New Payer(s):**

**New Address:**

**List Products Which Require Change:**

## ***Use this section to remove reporting responsibility***

**Effective End Date for Unit Operator:**

**Effective End Date for Lease Operator:**

**Effective End Date for Payer(s):**

**Effective End Date for Payer(s):**

**PSA:**

**List Products Which Require Change:**

**Explanation of requested changes:**

**Date Completed by OSLI Staff:**

**Changes Completed by:**