

STATE OF WYOMING
Department of Environmental Quality - Air Quality Division
Coal Bed Methane Operations
Change of Ownership Form

NEW OWNER

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Owner or Company Official to contact regarding air pollution matters:

Name: _____ Title: _____

Address: _____

Telephone: _____ Fax.: _____ E-mail: _____

PREVIOUS OWNER

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

FACILITY INFORMATION

Facility Name: _____ County: _____

Date of ownership change: _____

LOCATION INFORMATION (Provide legal description AND either Latitude/Longitude or UTM coordinate system)

Legal Description ¼ Section: _____ Section: _____ T: _____ R: _____

Lat/Long Latitude: _____ Longitude: _____

UTM Coordinates Zone: _____ Horizontal(E): _____ Vertical(N): _____

Type of Facility Compressor Station: _____ Coalbed Methane Well: _____

Other: _____

INFORMATION ON HOW TO HANDLE MULTIPLE SITES

On a separate piece of paper continue the list of the facility names, counties, location descriptions and facility types for each site for which ownership has changed.