

**LOUISIANA DEPARTMENT OF CONSERVATION AND ENERGY
SURFACE OWNER CONTACT INFORMATION**

NEW OPERATOR

EFFECTIVE DATE OF OPERATOR CHANGE AMENDMENT: _____

FIELD: _____ CODE NO. _____

OPERATOR: _____ CODE NO. _____

ADDRESS: _____

SIGNATURE OF REPRESENTATIVE: _____

DATE: _____

TYPED NAME: _____ PHONE NO.: _____

EMAIL: _____

SURFACE OWNER *

NAME: _____

ADDRESS: _____

PHONE NO.: _____

WELL LISTING

	SERIAL NO.	WELL NAME & NUMBER
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

NUMBER OF SUPPLEMENTAL PAGES ATTACHED:

*Surface Owner: The person shown in the assessor's rolls of the parish as the current owner of the surface rights of the land on which the well site is located. Form SOCI is required on ALL operator changes filed on/after 8/1/2016. **One form with supplemental pages (if necessary) per Surface Owner.** This form, submitted in conjunction with operator change amendments, satisfies the requirements of Act 342 of the 2016 Regular Session.

**LOUISIANA DEPARTMENT OF CONSERVATION AND ENERGY
SURFACE OWNER CONTACT INFORMATION
SUPPLEMENTAL PAGE**

DATE: _____
 FIELD: 0 CODE NO. 0000
 NEW OPERATOR: 0 CODE NO. 0000
 SURFACE OWNER: 0

WELL LISTING

	SERIAL NO.	WELL NAME & NUMBER
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		