This form may be completed to create or modify Organization information including Agent information required for Operators.

Organization Name:			
ype of Organization: Government	ent Agency 🗖 Corporation 🗖 L	LC LLP Partnership Sole Prop	
Head Office Address:			
Street Address 1			
Street Address 2			
City	, State	Zip Code	
Telephone Number		E-mail Address	
Mailing Address (If different than a	above)		
Street Address 1			
Street Address 2			
City	, State	Zip Code	
Telephone Number		E-mail Address	

Agent Information: Required for Operators

(**Section 3200.** An owner or operator of any well or production facility shall designate an agent, giving his or her address, who resides in this state, to receive and accept service of all orders, notices, and processes of the supervisor or a court of law. Every person so appointing an agent shall, within five days after the termination of the agency, notify the supervisor, in writing, of the termination, and unless operations are discontinued, shall appoint a new agent.)

In compliance with Section 3200 of the Public Resources Code, notice is hereby given and we hereby certify that the Operator identified above has appointed, authorized, and empowered the following Individual whose address (where legal papers may be served) is as its agent for the State of California upon whom all orders, notices, and processes of the Supervisor or any court of law may be served. This notice revokes all former appointments made for this purpose.

Name of Individual		Telephone Number	
Street Address	E	E-mail Address	
City	,	Zip Code	
By Signature of Authorized Office	Printed or Typed Name	Printed or Typed Name of Operator	
Acceptance of Appointment as Agent:			
Accepted: Signature			