



**Oil and Gas
Exchange Last Worksheet
(Warehouse of New Property)**

Exchangor Information

Name: _____

Vesting, if different: _____

Street Address: _____

City _____ State _____ ZIP _____

Phone: _____ FAX: _____ eMail: _____

Taxpayer ID or SSN: _____

Exchangor is: _____ (an individual, a Corporation or a Partnership)

Contact Person, if a Corporation or Partnership: _____

State of Formation: _____ (If different from State in Address)

New Property Information*:

Lessor: _____

Lease # and Field: _____

County(ies): _____ State(s): _____

OCS # _____

Purchase Price: _____ Expected Close Date: _____

Seller's Name _____

Seller's Address: _____

Phone: _____ FAX: _____ eMail: _____

* Attach a schedule if there are multiple leaseholds.

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New Property Closer Information:

Law Firm Name: _____

Address: _____

Attorney's Name: _____ eMail: _____

Phone: _____ FAX: _____

Old Property Information*:

Lessor: _____

Lease # and Field: _____

County(ies): _____ State(s): _____

OCS # _____

Expected Close Date: _____

Estimated Sales Price: _____ Debt Amount, if any _____

Buyer's Name _____

Buyer's Address: _____

Phone: _____ FAX: _____ eMail: _____

Old Property Closer Information:

Law Firm Name: _____

Address: _____

Attorney's Name: _____ eMail: _____

Phone: _____ FAX: _____

* Attach a schedule if there are multiple leaseholds.