Instructions for Completing the Forms of the Oklahoma Corporation Commission Regarding Surety Requirements

(Revised 3-8-2019)

DISCLAIMER: This guide is for instructional purposes only. Please refer to Oklahoma Corporation Commission Rules for complete information.
If unable to print this guide correctly, change the “Zoom” level (bottom right corner of the “Print” dialogue in Microsoft Word) until the “Print Preview” displays the document correctly.
# Table of Contents

SURETY RULES (OAC 165:10-1-10 thru 10-1-16)
OAC 165:10-1-10 Operator’s Agreement – Category A & Category B
Surety.............................................................................................................1
OAC 165:10-1-11 Financial Statement..............................................................4
OAC 165:10-1-12 Surety Bond........................................................................5
OAC 165:10-1-13 Irrevocable Commercial Letter of Credit...............................5
OAC 165:10-1-14 Cashier’s Check, Certificate of Deposit, or other Negotiable Instruments.............................................................................................................6
OAC 165:10-1-15 Transfer of Operatorship of Wells..........................................6

FORM 1006 – SURETY BOND
Form 1006 Instructions....................................................................................9
Form 1006 Blank Form..................................................................................13

FORM 1006A – FINANCIAL STATEMENT
Form 1006A Instructions...............................................................................15
Form 1006A Blank Form.............................................................................19

FORM 1006B – OPERATOR’S AGREEMENT TO PLUG OIL, GAS, AND SERVICE WELLS WITHIN THE STATE OF OKLAHOMA
Form 1006B instructions..............................................................................35
Form 1006B Blank Form............................................................................39

FORM 1006C – IRREVOCABLE LETTER OF CREDIT
Form 1006C instructions..............................................................................41
Form 1006C Blank Form............................................................................45

FORM 1006CC – CASHIER’S CHECK
Form 1006CC Instructions...........................................................................47

FORM 1006CD – CERTIFICATE OF DEPOSIT
Form 1006CD instructions............................................................................49
Form 1006CD Memo..................................................................................53
FORM 1006D – AFFIDAVIT OF WELL PLUGGING COSTS
Form 1006D instructions.................................................................55
Form 1006D Blank Form...............................................................59

PROCEDURES FOR COMPANIES GOING OUT OF BUSINESS......61

TELEPHONE NUMBERS
Surety Section.............................................................................65
Well Records Section.................................................................65

HOW TO APPLY FOR A FEDERAL EMPLOYER IDENTIFICATION
NUMBER.........................................................................................67

BUSINESS DEFINITIONS....................................................................69
Procedures to Drill and/or Operate Oil, Gas and/or Service Wells Within the State of Oklahoma

165:10-1-10. Operator’s agreement - Category A and Category B surety

(a) Any person who drills or operates any well for the exploration, development or production of oil or gas, or as an injection or disposal well, within this state, shall furnish in writing, on forms approved by the Corporation Commission, his agreement to drill, operate and plug wells in compliance with the rules and regulations of the Commission and the laws of this state, together with evidence of financial ability to comply with the requirements for plugging, closure of surface impoundments, removal of trash and equipment as established by the rules of the Commission and by law. [52 O.S. § 318.1]

Any operator violating this Section shall be fined $500.00. To establish evidence of financial ability, the Commission shall require:

(1) Category A surety which shall include a financial statement listing assets and liabilities and including a general release that the information may be verified with banks and other financial institutions. The statement shall prove a net worth of not less than $50,000.00 in U.S. dollars; or

(2) Category B surety shall include an irrevocable commercial letter of credit, cash, a cashier’s check, a certificate of deposit, bank joint custody receipt, other approved negotiable instruments, or a blanket surety bond. Except as provided in (3) of this subsection, the amount of such Category B surety shall be in the amount of $25,000.00 in U.S. dollars but may be set higher at the discretion of the Director of the Conservation Division.

(1)
The Commission is authorized to establish Category B surety in an amount greater than $25,000.00 in U.S. dollars based upon the past performance of the operator and its insiders and affiliates regarding compliance with the laws of this state, and compliance with any rules promulgated thereto including but not limited to the drilling, operation and plugging of wells, closure of surface impoundments, or removal of trash and equipment. Any such Category B surety shall constitute an unconditional promise to pay and be in a form negotiable by the Commission.

(3) The Commission may grant Category B surety in an amount less than $25,000.00 in U.S. dollars to an operator whose statewide well plugging liability is less than $25,000.00 in U.S. dollars. Said Category B surety shall be in an amount that is sufficient to cover the total estimated cost of properly plugging and abandoning each and Statewide well plugging liability shall be documented by an affidavit filed on Form 1006D and shall be properly executed by a duly licensed pipe pulling and well plugging company and shall be approved by the Conservation Division. Said affidavit shall state, among other things, an estimated cost of plugging, closure, and removal operations for each well in accordance with 165:10-11-3 through 165:10-11-8 inclusively and shall be accompanied by a Form 1000 (Intent to Drill) if the estimate involves a proposed well or by a Form 1002A (Completion Report) if the estimate involves a well that is a producing, injection, or disposal well. The estimated cost shall not include any salvage value as to recoverable casing, tubing, or wellhead equipment. The total statewide well plugging liability of an operator utilizing this Category B surety shall be kept current and shall be increased as additional wells are added to the responsibility of the operator and may be decreased as included wells are plugged and abandoned, but in no event shall exceed $25,000.00 in U.S. dollars unless otherwise ordered by the Commission.

(b) Operators of record as of June 7, 1989, who do not have any outstanding contempt citations or fines and whose insiders or affiliates have no outstanding contempt citations or fines may post Category A surety.

(1) New operators, operators who have outstanding fines or contempt citations and operators whose insiders or affiliates have outstanding contempt citations or fines as of June 7, 1989, shall be required to post Category B surety. Operators who have posted Category B surety and have operated under this type of surety and have no outstanding fines at the end of three years may post Category A surety.

(2) Operators using Category A surety who are assessed a fine of $2,000.00 in U.S. dollars or more and who do not pay the fine within the specified time shall be required to post a Category B surety within 30 days of notification by the Commission.

(c) If a bond is required, the bond shall be executed by a corporate surety authorized to do Business in this State and shall be renewed and continued in effect until the conditions have been met or release of the bond is authorized by the Commission.

(2)
(1) Irrespective of (a), (b), and (c) of this Section, for good cause shown concerning pollution or improper plugging of wells by an operator posting either Category A or Category B surety or by an insider or affiliate of such operator, the Commission, upon application of the Director of the Conservation Division after notice and hearing, may require the filing of additional Category B surety in an amount greater than $25,000.00 in U.S. dollars but not to exceed $100,000.00 in U.S. dollars.

(d) The agreement (Form 1006B – Operator’s Agreement to Plug Oil, Gas and Service Wells Within the State of Oklahoma) provided for in (a) of this Section shall provide that if the Commission determines, after notice and hearing, that the person furnishing the agreement has neglected, failed, or refused to plug and abandon, or cause to be plugged and abandoned, or re-plug any well or has neglected, failed or refused to close any surface impoundment or remove or cause to be removed trash and equipment in compliance with the rules of this Chapter, then the person shall forfeit from his bond, letter of credit, or negotiable instrument or shall pay to this State, through the Commission for deposit in the State Treasury, a sum equal to the cost of plugging the well, closure of any surface impoundment, or removal of trash and equipment. The Commission may cause the remedial work to be done, issuing a warrant in payment of the cost thereof drawn against the monies accruing in the State Treasury from the forfeiture or payment. Any monies accruing in the State Treasury by reason of a determination that there has been a noncompliance with the provisions of the agreement (Form 1006B) or the rules and regulations of the Commission, in excess of the cost of remedial action ordered by the Commission, shall be credited to the Conservation Fund. The Commission shall also recover any costs arising from litigation to enforce this provision if the Commission prevails. Provided, before a person is required to forfeit or pay any monies to the State pursuant to this Section, the Commission shall notify the person at his last-known address of the determination of neglect, failure, or refusal to plug or re-plug any well, or close any surface impoundment, or remove trash and equipment, and said person shall have ten days from the date of notification within which to commence remedial operations. Failure to commence remedial operations shall result in forfeiture or payment as provided in this subsection. If the operator is a corporation, association, partnership, limited liability company or any entity other than an individual, the operator shall file as part of its Form 1006B a complete list, in tabular form, of the name, addresses, telephone numbers, social security numbers or driver license numbers, and percentages of ownership of all officers, directors, partners or principals of the operator and the insider and affiliates of the operator. The operator shall also file as part of its Form 1006B the current names and addresses of all service agents of the operator and the operator’s insiders and affiliates. The operator is required to file a Form 1006B with the Conservation Division every twelve (12) months.

(e) No person shall drill or operate any well, or receive an allowable, without complying with the provisions of this Section.

(f) The Commission shall shut in, without notice, hearing or order of the Commission, the wells of any such person violating the provisions of this Section and such wells shall remain shut in for noncompliance until the required evidence of Category B surety is obtained and verified by the Commission. No taker, transporter, or purchaser of oil or gas shall take, transport, or purchase oil or gas from the wells of any such drillers or operators after receiving a copy of the shut-in order or notice by certified mail of the issuance of such an order.

(3)
(g) If title to property or a well is transferred, the transferee shall furnish the evidence of financial ability to plug the well and close impoundments required by the provisions of this section, prior to the transfer.

(h) The following words, when used in this Section, shall have the following meaning:

1. “Affiliate” means an entity which owns twenty percent (20%) or more of the operator, or an entity of which twenty percent (20%) or more is owned by the operator.

2. “Insider” means officer, director, or person in control of the operator; general partners of or in the operator; general or limited partnership in which the operator is a general partner; spouse of an officer, director, or person in control of the operator; spouse of a general partner of or in the operator; corporation of which the operator is a director, officer, or person in control; affiliate, or insider of an affiliate as if such affiliate were the operator; or managing agent of the operator.

165:10-1-11. Financial statement as surety

(a) A plugging agreement shall be accompanied by surety. The surety requirement may be met by furnishing the operator’s current financial statement (Form 1006A) to the Conservation Division, which shall be a full statement of the operator’s assets and liabilities and shall reflect the operator’s total net worth of not less than $50,000.00 in U.S. dollars located within the State of Oklahoma.

(b) The value of producing oil and gas leaseholds for which the financial statement stands as surety will be deducted from total net worth unless the financial statement is accompanied by the written appraisal of a recognized independent appraiser of oil and gas properties showing the fair market value of the leasehold interest owned by the operator.

(c) The Director of the Conservation Division may require proof in the form of an appraisal or other proof of the fair market value of any asset listed in the financial statement, and the Director of the Conservation Division may also require proof that the financial statement truly shows the net fair value of all assets over and above all debts and encumbrances.

(d) A current financial statement shall be filed every twelve (12) months on Form 1006A.

(e) Only one operator’s name shall appear on each Form 1006A.

(f) Along with the Form 1006A, an operator is required to file a Form 1006B (Operator’s Agreement to Plug Oil, Gas and Service Wells Within the State of Oklahoma) with the Conservation Division.

(g) The Commission shall reject the operator’s Form 1006A if the operator fails to file the documentation required by this Section with the Conservation Division.
165:10-1-12. Corporate surety bond

(a) An operator may file a blanket surety bond in the principal amount of $25,000.00 in U.S. dollars on Form 1006 as surety. In the alternative, the operator may file a surety bond of a lesser amount but that is sufficient to cover the total estimated cost of properly plugging and abandoning each and every well, the operations for which, the operator is responsible. Said estimated cost shall be documented on Form 1006D (Affidavit of Well Plugging Cost) for each and every well. Said alternative surety bond shall be increased upward, but not to exceed $25,000.00 in U.S. dollars, as additional wells are added to the operator’s responsibilities, unless otherwise ordered by the Commission.

(b) For purposes of (a) of this Section, an operator may file a surety bond issued by a corporation authorized to issue such bonds in the State of Oklahoma.

(c) The Conservation Division shall not accept a bond unless the surety agrees to give the Conservation Division six months’ (6) written notice before cancellation of a bond prior to expiration of the bond and evidence furnished of acceptable alternate surety if required.

(d) Only one operator’s name shall appear on each Form 1006.

(e) Along with the Form 1006, an operator is required to file a Form 1006B (Operator’s Agreement to Plug Oil, Gas and Service Wells Within the State of Oklahoma) with the Conservation Division.

(f) The Commission shall reject the operator’s Form 1006 if the operator fails to file the documentation required by this Section with the Conservation Division.

165:10-1-13. Irrevocable commercial letter of credit

(a) At his option, an operator may file an irrevocable commercial letter of credit from a bank in the sum of $25,000.00 in U.S. dollars on Form 1006C as surety. In the alternative, the operator may file an irrevocable commercial letter of credit of a lesser amount but that is sufficient to cover the total estimated cost of properly plugging and abandoning each and every well, the operations for which, the operator is responsible. Said estimated cost shall be documented on Form 1006D (Affidavit of Well Plugging Cost) for each and every well. Said alternative irrevocable commercial letter of credit shall be increased upward, but not to exceed $25,000.00 in U.S. dollars, as additional wells are added to the operator’s responsibilities, unless otherwise ordered by the Commission.

(b) The letter of credit shall be for a term of not less than one year.

(c) The bank issuing the letter of credit shall endorse thereon that the letter of credit shall remain in effect until canceled or revoked by the bank or principal/operator upon six months’ notice in writing to the Conservation Division and evidence furnished of acceptable alternate surety if required.
(d) Only one operator’s name shall appear on each Form 1006C.

(e) Along with the Form 1006C, an operator is required to file a Form 1006B (Operator’s Agreement to Plug Oil, Gas and Service Wells Within the State of Oklahoma) with the Conservation Division.

(f) The Commission shall reject the operator’s Form 1006C if the operator fails to file the documentation required by this Section with the Conservation Division.

165:10-1-14. Cashier’s check, certificate of deposit, or other negotiable instrument

(a) An operator may deposit cash, a cashier’s check, a certificate of deposit, bank joint custody receipt, or other negotiable instrument in the amount of $25,000.00 in U.S. dollars as surety. In the alternative, the operator may deposit cash, a cashier’s check, a certificate of deposit, bank joint custody receipt, or other negotiable instrument of a lesser amount but that is sufficient to cover the total estimated cost of properly plugging and abandoning each and every well, the operations for which, the operator is responsible. Said estimated cost shall be documented on Form 1006D (Affidavit of Well Plugging Cost) for each and every well. Said alternate amount shall be increased upward, but not to exceed $25,000.00 in U.S. dollars, as additional wells are added to the operator’s responsibilities, unless otherwise ordered by the Commission. However, any instrument must constitute an unconditional promise to pay and be in the form negotiable by the Commission.

(b) A certificate of deposit shall be for a term of no less than three hundred sixty-five days (365).

(c) Financial institutions issuing certificates of deposit pursuant to this Section shall do so in the following manner: Oklahoma Corporation Commission or Oklahoma Corporation and (Name of Operator). Financial institutions issuing the certificates of deposit shall retain the original documents and copies of the certificates of deposit shall be furnished to the Commission.

(d) Along with the negotiable instruments described in (a) of this Section, an operator is required to file a Form 1006B (Operator’s Agreement to Plug Oil, Gas and Service Wells Within the State of Oklahoma) with the Conservation Division.

(e) The Commission shall reject the negotiable instruments described in (a) of this Section if the operator fails to file the documentation required by this Section with the Conservation Division.

165:10-1-15. Transfer of operatorship of wells

(a) Before the operations of a well can be transferred to a new operator, the following must be submitted:

(1) The new operator, or transferee, must comply with 165:10-1-10 before a change in operator is approved.
(2) Change of operator Form 1073 must be signed by both the transferor and transferee, with both stipulating that the facts presented are true and correct as to the area covered and the wells being transferred. Unless otherwise stated, the new operator assumes all responsibilities for the wells specified within the boundaries of the outlined area. For transfers involving more than ten (10) wells, a transferor and transferee may file a single Form 1073 with the Conservation Division indicating the transfer of multiple wells, provided that such multiple well transfer shall be accompanied by a well list containing the following information regarding each well being transferred:

(A) API number of the well;

(B) Well name and number;

(C) Legal location of the well, described by section, township and range.

(3) The well list may be provided in spreadsheet form, if possible, and may be filed in digital format specified by the Conservation Division. In lieu of the spreadsheet, the transferor and transferee, at their opinion, may file on Form 1073 indicating the transfer of multiple wells with an OCC Form 1002A Completion Report attached for each well transferred. Upon review by the Conservation Division, it may require but not be limited to, the quarter, quarter, quarter section calls, footages from the south and west quarter lines, and the drilling and completion dates.

(4) The Conservation Division shall notify both the transferor and transferee of approval of the transfer of operatorship within thirty days (30) of the Conservation Division’s approval of said transfer.

(5) Compliance with 165:10-5-7-11 when and if operatorship was designated by former orders of the Commission in pooling, increased density, and location exception applications.

(b) Before the operatorship of a well can be transferred to a new operator when the current or former operator is unavailable for signature, one of the following may be submitted as proof of operatorship:

(1) A certified copy of a recorded lease or assignment transferring all rights, title, and interest to the wells described on Form 1073 to the new operator.

(2) A certified copy of a journal entry of judgment rendered by a district court of Oklahoma having jurisdiction over the wells described on Form 1073 vesting legal title to the new operator.

(3) A certified copy of bankruptcy proceeding by the federal district court having jurisdiction over the wells described on Form 1073.

(c) If an operator is not in compliance with an enforceable order of the Commission, the Conservation Division shall not approve any Form 1073 transferring well(s) to said operator until the operator complies with the order. The transferor of the well(s) listed on the Form 1073 remains responsible for the well(s) until any transfer is approved by the Commission.

165:10-1-16. Change of address

Each operator of a well or other facility subject to a permit shall give written notice of his change of address. Such notice shall be sent to the Director of the Conservation Division. It shall be due within thirty days (30) after changing addresses.
FORM 1006
SURETY BOND

Last date revised: 2012
Form to be filled out by: Surety Bonding Company
Type of Form to be filed: “Continuous” -- the bonding company is to file the original bond form with the Corporation Commission; or “Annual” -- the original is to be filed at the Corporation Commission

OTC/OCC Operator No.: This is the number that the Oklahoma Corporation Commission has assigned or will assign to your company. This is a unique number that only your company will have.
Bond No.: This number is assigned by the Bonding Company.
Time Period of Bond: This will be determined by the Operator and the Bonding Company. “Continuous Coverage” makes the Bond automatically renewal whereas “Coverage Beginning and Ending” dates indicate that the bond is only in effect from a specific date to a specific date. This date-range must be at least one (1) year in length.
“Operator” Data Fields at Top of the 1006 Form:

Name of Operator: The operator will list their name, company name, or corporation name in this field.
Mailing Address: If the operator receives their mail at a Post Office Box, the operator is also required to list a physical address. (i.e., Route 4 Box 239 or 149 West Main, Ste. 400, etc.)
Physical Address (if different from the Mailing Address): If the operator receives their mail at a Post Office Box, the operator is also required to list a physical address. (i.e., Route 4 Box 239 or 100 W Main).
City, State, Zip Code: The city, state and zip code where mail is to be sent.
Phone Number: The telephone number at which the operator can be contacted.
Fax Number: If the operator has access to a fax machine, list fax number.
Contact Person: Fill this in if you need or want surety mailings from the Corporation Commission directed to a specific person.
E-Mail: All operators who have an email address should list it in this field.

“Surety Bonding Company” Data Fields at Top of the 1006 Form:

Name of Surety Company: The surety company will list their name, company name, or corporation name in this field.
Mailing Address: If the operator receives their mail at a Post Office Box, the operator is also required to list a physical address. (i.e., Route 4 Box 239 or 149 West Main, Ste. 400, etc.)
Physical Address (if different from the Mailing Address): If the operator receives their mail at a Post Office Box, the operator is also required to list a physical address. (i.e., Route 4 Box 239 or 100 W Main).
City, State, Zip Code: The city, state and zip code where mail is to be sent.
Phone Number: The telephone number at which the operator can be contacted.
Fax Number: If the operator has access to a fax machine, list fax number.
Contact Person: Fill this in if you need or want surety mailings from the Corporation Commission directed to a specific person.
E-Mail: All operators who have an email address should list it in this field.
Remaining Fields on the 1006 Form:

**Amount of Bond:** This amount is usually $25,000.00 in U.S. Dollars. It can be a lesser or greater amount depending upon certain circumstances.

**Date and Signature of Company Representative:** This is where the operator must sign and date the surety bond.

**Date and Signature of Surety Company:** This is where a representative of the Surety Bonding Company must sign and date the form.

**Affix the Surety Company Seal:** This seal certifies that this is the Surety Bond “original” form (not a copy).
OKLAHOMA CORPORATION COMMISSION  
Oil and Gas Conservation Division  
PO Box 52000  
Oklahoma City, OK 73152-2000

SURETY BOND  
(CAC 151-10-112)  
(TYPE OR PRINT USING BLACK INK)

KNOW ALL MEN BY THESE PRESENTS:

NAME OF OPERATOR:
MAILING ADDRESS:
PHYSICAL ADDRESS:
(City, State and ZIP Code):
PHONE NUMBER:
CONTACT PERSON:
E-MAIL:
EMERGENCY CONTACT:

NAME OF SURETY COMPANY:
MAILING ADDRESS:
PHYSICAL ADDRESS:
(City, State and ZIP Code):
PHONE NUMBER:
CONTACT PERSON:
E-MAIL:

That the operator herein referred to as Principal and that Surety Company authorized to do business within the State of Oklahoma are held and firmly bound unto said State in the penal sum up to an amount not exceeding $50,000 lawful money of the United States, for which payment will and must be made, we bind ourselves, and each of us, and each of our heirs, executors, administrators, or successors, and assigns jointly and severally, of these presents.

The condition of this obligation is that the above bonded principal proposes to drill and/or operate an oil, gas, injection, disposal or service well or wells within the State of Oklahoma. Bonded principal has furnished his agreement in writing to the Corporation Commission of the State of Oklahoma according to the General Rules and Special Orders of the Commission.

Now, there, if the above bonded principal shall plug each well drilled and/or operated by him within the State of Oklahoma at the time and in the manner prescribed by the laws of the State of Oklahoma and the General Rules and Special Orders of the Corporation Commission of the State of Oklahoma, then this obligation shall be null and void, otherwise, the same shall be and remain in full force and effect. This obligation may be terminated upon six (6) month notice in writing to the Conservation Division and evidence furnished of acceptable alternate security if required (OAC 151-10-1-12, 52 O.S. § 118) or as the rules or statutes may amended. Such termination is not effective until this obligation is released by the Surety Department of the Conservation Division.

Provided however, the aggregate liability of the surety hereunder shall in no event exceed the sum of this bond.

Witness our hands and seals, this __________ day of __________, 20 __________

______________________________
Signature of Principal Officer

______________________________
Type or Printed Name of the Office Listed Above

Witness our hands and seals, this __________ day of __________, 20 __________

______________________________
Signature of Surety Company

______________________________
Type or Printed Name of the Surety Company Listed Above

Counter Signed by:
Oklahoma Assistant Surety Agent
Physical Address, City, State, ZIP Code, Phone Number
(When the principal or surety assumes this bond by surety or attorney in fact, the evidence of authority must accompany this bond.)

If the amount of surety coverage is less than $31,000.00 USD or for an injection well that is an original affidavit (OCC Form 1006D) of automated plugging tests from an Oklahoma Licensed Pipe Rule and Well Plugging Company must accompany the bond. The affidavit must state the Well Name and Number, Legal Location, and the estimated cost of properly plugging and abandonment of each well or wells pursuant to Commission Rule.

(13)
FORM 1006A
FINANCIAL STATEMENT

Last date revised: 2018
Form to be filled out by: Operator
Form must be filed: Annually -- the original is to be filed with the Corporation Commission

Special Qualifications:

An operator must have been in good standing with the Oklahoma Corporation Commission for a minimum of three (3) years prior service without any breaks in surety coverage before applying for the usage of the Financial Statement. All lines are not required to be filled in.

NOTE: Before an operator can use a Financial Statement the operator must have a minimum of $50,000.00 (in U.S. Dollars) net worth in Oklahoma Assets.
“Operator” Data Fields at Top of the 1006A Form:

**Name of Operator:** The operator will list their name, company name, or corporation name in this field.

**Mailing Address:** If the operator receives their mail at a Post Office Box, the operator is also required to list a physical address. (i.e., Route 4 Box 239 or 149 West Main, Ste. 400, etc.)

**Physical Address (if different from the Mailing Address):** If the operator receives their mail at a Post Office Box, the operator is also required to list a physical address. (i.e., Route 4 Box 239 or 100 W Main).

**City, State, Zip Code:** The city, state and zip code where mail is to be sent.

**Phone Number:** The telephone number at which the operator can be contacted.

**Fax Number:** If the operator has access to a fax machine, list fax number.

**Contact Person:** Fill this in if you need or want surety mailings from the Corporation Commission directed to a specific person.

**E-Mail:** All operators who have an email address should list it in this field.

“Entity Type” at Top of the 1006A Form:

**Entity Type:** Mark only one “entity type” in this section of the form.

“Oklahoma Assets” Section of the 1006A Form:

(Assets listed on this form must be readily locatable within the State of Oklahoma)

**Line 1 – “Cash in Bank” (Schedule A):** For amount listed on line 1, a completely-filled-out Schedule A is required; attachments will not be accepted in lieu of completed schedules.

**Line 2 – “Marketable Securities” (Schedule B):** For amount listed on line 2, a completely-filled-out Schedule B is required; attachments will not be accepted in lieu of completed schedules.

**Line 3 – “Life Insurance” (Schedule C):** For amount listed on line 3, a completely-filled-out Schedule C is required; attachments will not be accepted in lieu of completed schedules.

**Line 4 – “Mortgages and Contracts Held By You” (Schedule D):** For amount listed on line 4, a completely-filled-out Schedule D is required; attachments will not be accepted in lieu of completed schedules.
Line 5 – “Real Estate” (Schedule E): For amount listed on line 5, a completely-filled-out Schedule E is required; attachments will not be accepted in lieu of completed schedules.

Line 6 – “Oil and Gas Interests” (Schedule F): For amount listed on line 6, a completely-filled-out Schedule F is required along with an Engineering Report that was prepared in the last 3 years; attachments will not be accepted in lieu of completed schedules.

Line 7 – “Machinery and Equipment” (Schedule G): For amount listed on line 7, a completely-filled-out Schedule G is required; attachments will not be accepted in lieu of completed schedules.

Line 8 – “Other Assets Not Listed Elsewhere” (Schedule H): For amounts listed on line 8, a completely-filled-out Schedule H is required; attachments will not be accepted in lieu of completed schedules.

Line 9 – “Total Assets” (Add lines 1 thru 9): Please list sum of all amounts listed on lines 1 thru 9.

“Oklahoma Assets” Section of the 1006A Form:
(Real Estate, Vehicles and Other Non-Business Related Assets cannot be used in determining your financial acceptability, if the title is not in the company’s name.
A copy of the tax receipt must accompany this form as described on Line 6 and in Schedule F)

Line 11 – “Short Term Notes Payable to Bank” (Schedule J): For amounts listed on line 8, a completely-filled-out Schedule J is required; attachments will not be accepted in lieu of completed schedules.

Line 12 – “Long Term Notes Payable To Banks” (Schedule K): For amounts listed on line 8, a completely-filled-out Schedule H is required; attachments will not be accepted in lieu of completed schedules.

Line 13 – “Other Notes Payable to Others” (Schedule L): For amounts listed on line 8, a completely-filled-out Schedule L is required; attachments will not be accepted in lieu of completed schedules.

Line 14 – “Mortgages – Wholly Owned Real Estate” (Schedule M): For amounts listed on line 8, a completely-filled-out Schedule M is required; attachments will not be accepted in lieu of completed schedules.
Line 15 – “Mortgages – Partially Owned Real Estate” (Schedule N): For amounts listed on line 8, a completely-filled-out Schedule N is required; attachments will not be accepted in lieu of completed schedules.

Line 16 – “Other Liabilities Not Listed Elsewhere” (Schedule O): For amounts listed on line 8, a completely-filled-out Schedule O is required; attachments will not be accepted in lieu of completed schedules.

Line 17 – “Total Liabilities”: Please list sum of all amounts listed on lines 11 thru 16.

Line 18 – “Total Net Worth”: Subtract Line 17 from Line 9 – This total MUST be GREATER than $50,000.

Signature of Operator: Operator must sign and date.

Notary: Form must Notarized by a Notary Public on the lines provided and must include a Notary Stamp.
OKLAHOMA CORPORATION COMMISSION

Oil and Gas Conservation Division
Attn: Surety Department
Post Office Box 2000
Oklahoma City, OK 73152-2000

Financial Statement
(OAC 165-10-1-11)
(Type or Print Using Black Ink ONLY)

<table>
<thead>
<tr>
<th>NAME OF OPERATOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAILING ADDRESS:</td>
</tr>
<tr>
<td>PHYSICAL ADDRESS:</td>
</tr>
<tr>
<td>(If different from the Mailing Address)</td>
</tr>
<tr>
<td>CITY, STATE, and ZIP CODE:</td>
</tr>
<tr>
<td>PHONE NUMBER:</td>
</tr>
<tr>
<td>CONTACT PERSON:</td>
</tr>
</tbody>
</table>

As Operator, do hereby declare that this entity is to be defined as:

- Sole Proprietorship
- Limited Liability Partnership
- Partnership
- Limited Liability Corporation
- Other Type of Business (Please Specify)
- Corporation

As operator, I do hereby state and attest, that I have a total net worth greater than $50,000.00 USD all of which are assets located within the State of Oklahoma, and is supported and documented by the description and stated value of the assets and liabilities as are shown herein. This financial statement is to be used to reflect the net worth and is to be completed in its entirety or it shall be returned unapproved. The Director of Conservation may require in the form of an appraisal or other proof of fair market value of any asset listed in the financial statement, and the Director of Conservation may also require proof that the financial statement truly shows the net fair market value of all assets over and above all debts and encumbrances.

■ ■ ■ THIS FINANCIAL STATEMENT MUST BE RENEWED ANNUALLY ■ ■ ■

### OKLAHOMA ASSETS*

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>REPORT IN U.S. DOLLARS ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CASH IN BANK</td>
<td>(Attach Schedule A)</td>
</tr>
<tr>
<td>2. MARKETABLE SECURITIES</td>
<td>(Attach Schedule B)</td>
</tr>
<tr>
<td>3. LIFE INSURANCE</td>
<td>(Attach Schedule C)</td>
</tr>
<tr>
<td>4. MORTGAGES AND CONTRACTS HELD BY YOU</td>
<td>(Attach Schedule D)</td>
</tr>
<tr>
<td>5. REAL ESTATE **</td>
<td>(Attach Schedule E)</td>
</tr>
<tr>
<td>6. OIL AND GAS INTERESTS</td>
<td>(Attach Schedule F and an Engineering Report that was prepared within the last 3 years)</td>
</tr>
<tr>
<td>7. MACHINERY AND EQUIPMENT</td>
<td>(Attach Schedule G)</td>
</tr>
<tr>
<td>8. OTHER ASSETS NOT LISTED ELSEWHERE</td>
<td>(Attach Schedule H)</td>
</tr>
<tr>
<td>9. TOTAL ASSETS</td>
<td>(Add Lines 1 thru 9)</td>
</tr>
</tbody>
</table>

Please Note: All supporting documents and schedules cannot be more than 3 years old and must be filed annually.
## OKLAHOMA LIABILITIES

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>REPORT IN U.S. DOLLARS ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. SHORT TERM NOTES PAYABLE TO BANK (Attach Schedule J)</td>
<td></td>
</tr>
<tr>
<td>12. LONG TERM NOTES PAYABLE TO BANKS (Attach Schedule K)</td>
<td></td>
</tr>
<tr>
<td>13. OTHER NOTES PAYABLE TO OTHERS (Attach Schedule L)</td>
<td></td>
</tr>
<tr>
<td>14. MORTGAGES – WHOLLY OWNED REAL ESTATE (Attach Schedule M)</td>
<td></td>
</tr>
<tr>
<td>15. MORTGAGES – PARTIALLY OWNED REAL ESTATE (Attach Schedule N)</td>
<td></td>
</tr>
<tr>
<td>16. OTHER LIABILITIES NOT LISTED ELSEWHERE (Attach Schedule O)</td>
<td></td>
</tr>
<tr>
<td>17. TOTAL LIABILITIES (Add Lines 11 thru 16)</td>
<td></td>
</tr>
<tr>
<td>18. TOTAL NET WORTH (Subtract Line 17 from Line 9 – This Total MUST be</td>
<td></td>
</tr>
<tr>
<td>greater than $50,000)</td>
<td></td>
</tr>
</tbody>
</table>

* All Assets must be located within the State of Oklahoma
* Real Estate, Vehicles and Other Non-Business Related Assets cannot be used in determining your financial acceptability, if the title is not in the company’s name. A copy of the tax receipt must accompany item 6 and Schedule F

I declare and state that I have personal knowledge of the contents of this Financial Statement and attached schedules and represent that the data and figures stated herein are true, correct, and complete to the best of my knowledge and belief. I authorize the Oklahoma Corporation Commission to verify any of the information; amounts or data contained on this Financial Statement and/or attached schedules. I understand and acknowledge that any unverified or incorrect information contained herein, shall result in the denial of my Category A Surety, and that if this document states or contains any material matter which I know to be false, I may be convicted of perjury and punished by imprisonment in the State Penitentiary for not less than two (2) years, nor more than ten (10) years.

Signature ___________________________ Date ________________ Operator No. ________________

Name of Signatory (Type or Print) ___________________________ Title of Signatory (Type or Print) ___________________________

STATE OF OKLAHOMA (____________________)

COUNTY OF (____________________)

Subscribed and sworn to before me this __________ day of _______ Month, _______ Year

My Commission Expires: __________ Day, _______ Month, _______ Year

Notary License Number: ___________________________ Notary Public Signature ___________________________

Print or Type Name of Notary Public ___________________________
<table>
<thead>
<tr>
<th>Name Of Bank, Mailing Address, Contact Person, and Phone Number</th>
<th>Name On Account</th>
<th>Balance</th>
<th>Type of Account</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FORM 1006A  
(Rev 2018)

Name of Operator: ________________________________

Operator Number: ________________________________

SCHEDULE B  
MARKETABLE SECURITIES

<table>
<thead>
<tr>
<th>Broker's Name, Address and Phone Number</th>
<th>Issuing Company</th>
<th>Registered In Name Of</th>
<th>Total Market Value ($)</th>
<th>Pledged Stock Yes/No</th>
<th>Where Traded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(22)
FORM 1006A  
(Rev 2018)

Name of Operator: ________________________________
Operator Number: ________________________________

SCHEDULE C
LIFE INSURANCE

<table>
<thead>
<tr>
<th>Insuring Company Name, Address, Agency’s Name and Phone Number</th>
<th>Policy Number</th>
<th>Face Value ($)</th>
<th>Cash or Loan Value ($)</th>
<th>Assigned Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(23)
<table>
<thead>
<tr>
<th>Due From: Name, Address, Phone Number</th>
<th>Original Amount ($)</th>
<th>Purpose</th>
<th>Present Balance ($)</th>
<th>Payment Terms</th>
<th>Maturity Date</th>
<th>Collateral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FORM 1006A
(Rev 2018)

Name of Operator: ________________________________
Operator Number: ________________________________

SCHEDULE E
REAL ESTATE

Instructions Complete the Following Section Completely. Designate Real Estate by One of the Following: H-Residence, I-Income Property, D-Development Property (Held for Resale), INV-Investment, A-Agricultural, R-Recreational, O-Other

<table>
<thead>
<tr>
<th>R/E Use</th>
<th>Description and Location</th>
<th>% Own</th>
<th>Year Acquired</th>
<th>Present Value $</th>
<th>Mortgage Payable To</th>
<th>Mortgage Balance $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(25)
FORM 1006A
(Rev 2018)

Name of Operator: ______________________________________
Operator Number: ______________________________________

SCHEDULE F
OIL AND GAS INTERESTS

This is to include all Producing Properties and Royalty Interests (This Schedule MUST be accompanied by an Engineering Report completed within the last 3 years)

<table>
<thead>
<tr>
<th>Description (Field Name, County, Well Name, Well Number and Legal Location)</th>
<th>Fractional Interest</th>
<th>Net Monthly Income ($)</th>
<th>Present Value ($)</th>
<th>Engineering By Whom</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(26)
This Schedule of Machinery and Equipment is not to include anything that is downhole. If Present Value is not supported by an Appraisal the OCC will calculate this number on a Straight Line Depreciation.

<table>
<thead>
<tr>
<th>Description of Equipment and Machinery by Wellbore</th>
<th>Location of Equipment and Machinery by Legal Description and County of Location</th>
<th>Date Purchased (Year)</th>
<th>Cost at Purchase ($)</th>
<th>Present Value (According to the attached appraisal) ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FORM 1006A
(Rev 2018)

Name of Operator: ____________________________
Operator Number: ____________________________

SCHEDULE II
OTHER ASSETS NOT LISTED ELSEWHERE

Use this form only for Assets not listed elsewhere.
If Present Value is not supported by an Appraisal the OCC will calculate this number on Straight Line
Depreciation.

<table>
<thead>
<tr>
<th>Description of Other Assets</th>
<th>Location of Other Assets by Legal Description and County of Location</th>
<th>Date Purchased (Year)</th>
<th>Cost at Purchase ($)</th>
<th>Present Value (Only include a number if appraisal is attached) ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(28)
** IF YOU ARE A COMAKER, LIST THE LOAN IN THIS SCHEDULE AND STATE THE BORROWERS NAME IN THIS COLUMN

<table>
<thead>
<tr>
<th>Due To: Name, Address, Phone Number and Contact Person</th>
<th>Original Amount $</th>
<th>Present Balance $</th>
<th>Maturity Date</th>
<th>Payment Terms</th>
<th>Collateral**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
** SCHEDULE K **

LONG TERM NOTES PAYABLE TO BANKS

** IF YOU ARE A COMAKER, LIST THE LOAN IN THIS SCHEDULE AND STATE THE BORROWERS NAME IN THIS COLUMN **

<table>
<thead>
<tr>
<th>Due To: Name, Address, Phone Number and Contact Person</th>
<th>Original Amount $</th>
<th>Present Balance $</th>
<th>Maturity Date</th>
<th>Payment Terms</th>
<th>Collateral**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FORM 1006A  
(Rev 2018)  

Name of Operator: ____________________________

Operator Number: ____________________________

SCHEDULE L  
NOTES PAYABLE TO OTHERS

** IF YOU ARE A COMAKER, LIST THE LOAN IN THIS SCHEDULE AND STATE THE BORROWER’S NAME IN THIS COLUMN

<table>
<thead>
<tr>
<th>Due To: Name, Address, Phone Number and Contact Person</th>
<th>Original Amount $</th>
<th>Present Balance $</th>
<th>Maturity Date</th>
<th>Payment Terms</th>
<th>Collateral**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(31)
FORM 1006A
(Rev 2018)

SCHEDULE M
MORTGAGES – WHOLLY OWNED REAL ESTATE

Instructions Complete the Following Section Completely. Designate Real Estate by One of the Following: H-Residence, I-Income Property, D-Development Property (Held for Resale), INV-Investment, A-Agricultural, R-Recreational, O-Other

<table>
<thead>
<tr>
<th>R/E Use</th>
<th>Description and Location</th>
<th>% Own</th>
<th>Year Acquired</th>
<th>Present Value</th>
<th>Mortgage Payable To (Give Name, Address and Phone Number)</th>
<th>Mortgage Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(32)
FORM 1006A
(Rev 2018)

Name of Operator: ________________________________
Operator Number: ______________________________

SCHEDULE N
MORTGAGES – PARTIALLY-OWNED REAL ESTATE

Instructions: Complete the following section completely. Designate real estate by one of the following:
H-Residence, I-Income Property, D-Development Property (Held for Resale), INV-Investment, A-Agricultural, R-Recreational, O-Other

<table>
<thead>
<tr>
<th>R/E Use</th>
<th>Description and Location</th>
<th>% Own</th>
<th>Year Acquired</th>
<th>Present Value $</th>
<th>Mortgage Payable To (Give Name, Address and Phone Number)</th>
<th>Mortgage Balance $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(33)
FORM 1006A
(Rev 2018)

Name of Operator: ________________________________
Operator Number: ________________________________

SCHEDULE O
OTHER LIABILITIES NOT LISTED ELSEWHERE

Use this form only for Liabilities not listed elsewhere.

<table>
<thead>
<tr>
<th>Description of Other Liabilities</th>
<th>Location of Other Liabilities by Legal Description and County of Location</th>
<th>Date Purchased (Year)</th>
<th>Cost at Purchase $</th>
<th>Current Outstanding Debt $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(34)
FORM 1006B
OPERATOR’S AGREEMENT TO PLUG OIL, GAS, & SERVICE WELLS WITHIN THE STATE OF OKLAHOMA

Last date revised: 2018
Form to be filled out by: Operator
Form must be filed: Annually, the original will be filed at the Corporation Commission; no copies of any kind will be accepted.

OCC/OTC No.: This is the number that the Oklahoma Corporation Commission has assigned or will assign to your company. This is a unique number that only your company will have. NOTE: If you are a new operator just registering, please leave this space blank and the Oklahoma Corporation Commission will assign you a number.

Fee Schedule: At least one box must be checked depending on active well count and payment sent with form.

Name of Operator: The operator must list their name, company name, or corporation name here. This name must be the same as filed with the Oklahoma Secretary of State for all entities except Sole Proprietorships. If a Sole Proprietorship, the name must match what was provided at the time of issuance of the OCC/OTC No.
**Mailing Address:** If the operator receives their mail at a Post Office Box, the operator is also required to list a physical address (i.e., Route 4 Box 239 or 149 West Main, Ste. 400, etc.).

**Physical Address:** List your physical address here if it is different from your mailing address.

**City, State and Zip code:** Please include the city, state and zip code of your mailing address.

**Phone Number:** The phone number at which the operator can be contacted.

**Fax Number:** This is optional. If you would like the OCC to be able to contact you via a fax machine, please provide a phone number here.

**Contact Person:** Please provide the OCC with the name of the person who should receive Surety mailings.

**E-Mail Address:** This is optional. If you would like the OCC to be able to contact you via the Internet, please provide an e-mail address here.

**Date of signing:** The date that the form is signed by the company representative.

**Name of Company Representative:** The company representative needs to type or print their name on this line before signing.

**Signature of Company Representative:** This is where the operator must sign.

**Federal Employers Identification Number:** If your company has been issued a Federal Employers Identification number from the Internal Revenue Service, fill it in here. This number is required of all Corporations and Limited Liability Companies. If a sole proprietorship, a Social Security Number must be provided if not operating on an FEI.

**NOTE:** Form is two-sided; both must be completed.

**Officers, Directors, Partners or Principals:** As of July 1996, the state statute and the Oklahoma Corporation Commission Rules were modified to include all officers, board of directors, partners or principals, along with any insiders and/or affiliates of this company. The following information must be provided (typed or printed on the form):

- **Name of Officers, Directors, Partners or Principals:** The name of the officer, directors, partner or principal.
- **Title:** The title of the person that is named on this line.
- **Home Address:** The home address of the named person from above.
• **City, State, and Zip Code:** The home city, state, and zip code of the officer, director, partner, or principal of this company.

• **Home Phone:** The home phone number of this person.

• **Driver’s License Number including the State of Issuance:** The social security number (or if they prefer, the driver’s license number along with the name of the state that issued the driver’s license) for officers, directors, partners or principals.

• **Percent of Ownership:** The percentage of the ownership of each person named. Continue to repeat this procedure until all officers, directors, partners or principals have been listed.

**NOTE:** All information provided to the Surety department is considered confidential and will not be provided to anyone except through proper channels.
OCC.OTC No. ________________

OKLAHOMA CORPORATION COMMISSION
Oil and Gas Conservation Division
PO Box 52000
Oklahoma City, OK 73152-2000

One Box Must Be Checked

0 Wells $100
1-25 Wells $250
26-100 Wells $300
101-200 Wells $750
201-500 Wells $750
Over 500 Wells $1,000

Payment is to be made out to:
“Oklahoma Corporation Commission”

KNOW ALL MEN BY THESE PRESENTS:

| NAME OF OPERATOR: | |
| Mailing Address: | |
| Physical Address: | (If different from the Mailing Address) |
| City, State and ZIP Code: | |
| Phone Number: | Fax Number: |
| Contact Person: | Email Address: |

That the above described entity, as Operator, authorized to do business within the State of Oklahoma, proposes to drill and/or operate a well or wells for the exploration, development, or production of oil and/or gas, or as an injection, disposal, or service well within the State of Oklahoma, and hereby agrees to plug each such well, at the time and in the manner prescribed by the laws of the State of Oklahoma and the General Rules and Special Orders of the Corporation Commission of the State of Oklahoma.

The operator hereby states that he has met the requirements as stated in OAC 165:10-1-10.

If the Commission determines that the above named operator has neglected, failed, or refused to plug any well at the time and in the manner prescribed by the laws of the State of Oklahoma and the General Rules and Special Orders of the Corporation Commission of the State of Oklahoma, the operator will forthwith forfeit or pay to the State, through the Commission, a sum equal to the cost of plugging the well plus any expenses incurred by litigation to enforce this Agreement, the Commission shall cause the well to be plugged.

I declare and state that I have personal knowledge of the contents of this Operator’s Agreement to Plug, Oil, Gas, and Service Wells within the State of Oklahoma, which was prepared by me or under my supervision and direction, with the data and facts stated herein to be true, correct, and complete to the best of my knowledge and belief. Any person who shall verify under oath any report, map or drawing or other statement or document authorized or required by the provisions of this act (52 O.S. § 106) or by any order, rule or regulation of the Commission made under the provisions of this act to be filed with the Commission or with the Secretary of the Commission, or with any other officer, and who files or causes the same to be filed with the Secretary of the Commission or other officer, which states or contains any material matter which he knows to be false is guilty of perjury and upon conviction thereof shall be punished by imprisonment in the State Penitentiary for not less than two (2) years, nor more than ten (10) years.

Dated this __________ day of ______________, ________.

Print or Type Name of Operator

Signature of Operator, Partner, or Principal Officer of Operator

Federal Identification Number (FEI): __________________________

(CONTINUED ON THE BACK)
As of July 1, 1996, all operators of oil, gas or service wells within the State of Oklahoma are required to file the Form 1006B on an annual basis and to supply the following information. If additional pages are needed, please provide the information in the same manner as shown below:

(TYPE OF PRINT USING BLACK INK)

<table>
<thead>
<tr>
<th>Name of Officers, Directors, Partners or Principals</th>
<th>Name of Officers, Directors, Partners or Principals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td>Home Address</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Home Phone including State of Issuance or State Issued Identification Number</td>
<td>Home Phone including State of Issuance or State Issued Identification Number</td>
</tr>
<tr>
<td>Name of Officers, Directors, Partners or Principals</td>
<td>Name of Officers, Directors, Partners or Principals</td>
</tr>
<tr>
<td>Home Address</td>
<td>Home Address</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Home Phone including State of Issuance or State Issued Identification Number</td>
<td>Home Phone including State of Issuance or State Issued Identification Number</td>
</tr>
<tr>
<td>Name of Officers, Directors, Partners or Principals</td>
<td>Name of Officers, Directors, Partners or Principals</td>
</tr>
<tr>
<td>Home Address</td>
<td>Home Address</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Home Phone including State of Issuance or State Issued Identification Number</td>
<td>Home Phone including State of Issuance or State Issued Identification Number</td>
</tr>
<tr>
<td>Name of Officers, Directors, Partners or Principals</td>
<td>Name of Officers, Directors, Partners or Principals</td>
</tr>
<tr>
<td>Home Address</td>
<td>Home Address</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Home Phone including State of Issuance or State Issued Identification Number</td>
<td>Home Phone including State of Issuance or State Issued Identification Number</td>
</tr>
<tr>
<td>Name of Officers, Directors, Partners or Principals</td>
<td>Name of Officers, Directors, Partners or Principals</td>
</tr>
<tr>
<td>Home Address</td>
<td>Home Address</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Home Phone including State of Issuance or State Issued Identification Number</td>
<td>Home Phone including State of Issuance or State Issued Identification Number</td>
</tr>
</tbody>
</table>

(40)
FORM 1006C

IRREVCOCABLE COMMERCIAL LETTER OF CREDIT

Last date revised: 2018
Form to be filled out by: Banks and other Financial Institutions
Form to file: Annually in most cases, the original form will be filed with the Corporation Commission for at least a one (1) year period.

Letter of Credit No.: This number is assigned by the Bank or other Financial Institution.
OTC/OCC Operator No.: This is the number that the Oklahoma Corporation Commission has assigned or will assign to your company. This is a unique number that only your company will have.
Date: The date that the form is being filled out.
The following information must be provided (typed or printed on the form):

**The “Name of Operator” Data Fields at Top of the 1006C Form:**

**Name of Operator**: The operator must list their name, company name, or corporation name here.

**Mailing Address**: If the operator receives their mail at a Post Office Box, the operator is also required to list a physical address. (i.e., Route 4 Box 239 or 149 West Main, Ste. 400, etc.) here.

**Physical Address**: If the operator receives their mail at a different location than their physical location, list it here.

**City, State, and Zip Code**: This is the city, state and zip code where the mail is to be sent.

**Phone Number**: The phone number at which the operator can be contacted.

**Fax Number**: This is optional, but all operators are highly encouraged to maintain access to a fax machine.

**Contact Person**: If you need or want your surety mailings from the Corporation Commission directed to a specific person, list that name here.

**E-Mail Address**: This is optional, but all operators who have access to a computer and the Internet are highly encouraged to list an e-mail address.

**The “Name of Bank” Data Fields at Top of the 1006C Form:**

**Name of Bank or other Financial Institution**: The Bank or other Financial Institution must list their name here.

**Mailing Address**: If the Bank or other Financial Institution receives their mail at a Post Office Box, the Bank or other Financial Institution is also required to list a physical address. (i.e., Route 4 Box 239 or 149 West Main, Ste. 400, etc.) here.

**Physical Address**: If the address is different from the mailing address, list it here.

**City, State, and Zip Code**: This is the city, state and zip code where the mail is to be sent.

**Phone Number**: The phone number at which the Bank or other Financial Institution can be contacted.
Fax Number: This is optional, but all operators are highly encouraged to maintain access to a fax machine.

Contact Person: If you need or want your surety mailings from the Corporation Commission directed to a specific person, list that name here.

E-Mail Address: This is optional, but all operators who have access to a computer and the Internet are highly encouraged to list an e-mail address.

Amount of Letter of Credit: This amount is usually $25,000.00 in U.S. Dollars. This amount can be lesser or greater depending upon certain circumstances; the normal amount is $25,000.00.

Date of Expiration of the Letter of Credit: The letter of credit must be issued for a period of not less than one (1) year. It can be issued for more than one (1) year; it can also be issued with no expiration date. The letter of credit renews automatically each year.

Signature of Bank or Other Financial Institution Representative: The President or Vice President of the Bank or other Financial Institution Representative must sign the letter of credit here.

Signature of Cashier – Assistant Cashier: The Cashier or Assistant Cashier of the Financial Institution must sign the letter of credit here.
OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 32000
Oklahoma City, Oklahoma 73152-2000

LETTER OF CREDIT
OAC 165:10-1-13
(TYPE OR PRINT USING BLACK INK)

TO: Oklahoma Corporation Commission
Oil and Gas Conservation Division
P.O. Box 32000
Oklahoma City, OK 73152-2000

DATE: __________________________

NAME OF OPERATOR:
MAILING ADDRESS:

PHYSICAL ADDRESS:
(if different)

CITY, STATE, and ZIP CODE:
PHONE NUMBER:

CONTACT PERSON:
EMAIL:

EMERGENCY CONTACT:
PHONE NUMBER:

NAME OF BANK:
MAILING ADDRESS:

PHYSICAL ADDRESS:
(if different)

CITY, STATE, and ZIP CODE:
PHONE NUMBER:

CONTACT PERSON:
EMAIL:

We hereby authorize you to draw upon the banking institution stated above by order and for the account of the above named operator up to an amount not exceeding $__________ available by your written demand or draft on ourselves at sight for 100% of amount in and accompanied by a formal order of the Corporation Commission of the State of Oklahoma entered pursuant to and in aid of the enforcement of the Commission. This obligation may be terminated prior to the Expiration Date (as hereinafter defined) upon a one hundred eighty (180) day notice in writing to the Conservation Division and/or evidence furnished of acceptable alternate surety if the Corporation Commission, or its authorized representative, determines that such surety is no longer adequate as of the Expiration Date. Such termination is not effective until this obligation is released by the Corporation Commission.

This Letter of Credit expires on this date, and any automatically extended expiration date, being the “Expiration Date.” It is a condition of the Letter of Credit that it shall be automatically extended without modification for additional periods, each of one year in duration. If for any reason you determine that this Letter of Credit shall not be extended, you shall immediately give written notice to the Corporation Commission at least one hundred eighty (180) days prior to the expiration date. Upon receipt of your notice, the Corporation Commission will give a written statement that you have received the notice of extension or non-extension, and the Operator shall not provide acceptable alternate surety.

This Letter of Credit cannot be modified, extended, or terminated prior to the Expiration Date without prior consent from the Corporation Commission. In no event will obligations of multiple Letters of Credit securing the same Operator be cumulative or in excess of the total aggregate sum of $__________.

Except as otherwise expressly stated herein, this Letter of Credit shall be governed by and construed in accordance with the laws of the State of Oklahoma and is subject to the Uniform Customs and Practices for Documentary Credits, International Chamber of Commerce Practice No. 600 (UCP) in effect on the date of issuance of this Letter of Credit. In the event of any conflict between Oklahoma law and the UCP, Oklahoma law shall prevail. Venue for any action necessary to interpret or enforce this Letter of Credit shall be in Oklahoma County, Oklahoma.

We hereby agree with the beneficiary that all demands or drafts drawn under and in compliance with the terms of the Letter of Credit will be duly honored upon presentation to the issuing bank by mail or at the physical address, notice or electronic transmission at the above listed address/number.

President/Vice President of Bank
Cashier - Assistant Cashier

If the amount of surety coverage is less than $25,000.00 than an original affidavit (OCC Form 1005D) completed by an Oklahoma licensed Piping and Well Plugging Company must accompany this Letter of Credit. The affidavit must state the well name and number, legal location, and the cost to properly plug and abandon each well(s) pursuant to Commission rules.
This page intentionally left blank
CASHIERS CHECK

Check to be filled out by: Banks and other Financial Institutions
Check to file: The original is to be filed with the Corporation Commission only once (at the time of the transaction).

Filing the Cashier’s Check: Operators wishing to use a Cashier’s Check to meet the surety requirements need to do the following:

- **Cashier’s Checks MUST be formatted as follows:** Cashier’s Checks need to be payable to the order of “Oklahoma Corporation Commission.” **NOTE:** The “Remitter” must be the exact name of the operator that is registered with the Oklahoma Secretary of State.
- **Name of Bank or other Financial Institution:** The Cashier's Check must include the complete name of the Bank of other Financial Institution that is issuing the document (the Cashier’s Check).
• **Mailing Address**: The address of the Bank or other Financial Institution must be on the face of the Cashier’s Check. If the Bank or other Financial Institution receives their mail at a Post Office Box, the Bank or other Financial Institution is also required to list a physical address. (i.e., Route 4 Box 239 or 149 West Main, Ste. 400, etc.) here.

• **Physical Address**: List the physical address here if it is different from the mailing address.

• **City, State, and Zip Code**: This is the city, state and zip code of where the mail is to be sent.

• **Phone Number**: The phone number at which the Bank or other Financial Institution can be contacted.

• **Name of the Operator**: The “name of the operator” field must list the name, company name, or corporation name.

• **Amount of Cashier’s Check**: This amount is usually $25,000.00 in U.S. Dollars. This amount can be lesser or greater depending upon certain circumstances; the normal amount is $25,000.00.

• **Signature of Bank or Other Financial Institution Representative**: The President or Vice President of the Bank or other Financial Institution Representative must sign the Cashier’s Check here.
CERTIFICATE OF DEPOSIT

Last date revised: 2018
Form to be filled out by: Banks and other Financial Institutions
Form to file: Annually; in most cases, this form can be filed for a period in excess of one (1) year. The original Certificate of Deposit will be retained by the Bank or other Financial Institution; a copy of the certificate will be filed with the Corporation Commission.

Filing the Certificate of Deposit: Operators wishing to use a Certificate of Deposit to meet the surety requirements need to do the following:
• Joint accounts MUST read as follows: "OKLAHOMA CORPORATION COMMISSION OR OKLAHOMA CORPORATION COMMISSION AND (NAME OF THE OPERATOR)" OAC 165:10-1-14

• Notification of Issuance: Once the Bank or other Financial Institution issues the Certificate of Deposit, the original should remain with the issuing Bank or other Financial Institution; a copy needs to be mailed to the Corporation Commission.

• Length of Term: The Certificate of Deposit must be issued for no less than one (1) year; it can also be issued for automatic renewal.

The “Name of Operator” Data Fields at Top of the 1006C Form:

• Name of the Operator: The operator must list their name, company name or corporation name here.

• Mailing Address: If the operator receives their mail at a Post Office Box, they are also required to list a physical address. (i.e., Route 4 Box 239 or 149 West Main, Ste. 400, etc.) here.

• Physical Address: List the physical address here if it is different from the mailing address.

• City, State, and Zip Code: This is the city, state and zip code where the mail is to be sent.

• Phone Number: The phone number at which the financial institution can be contacted.

• Fax Number: This is optional, but all operators are highly encouraged to maintain access to a fax machine.

• Contact Person: If you need or want your surety mailings from the Corporation Commission directed to a specific person, list that name here.

• E-Mail Address: This is optional, but all operators who have access to a computer and the Internet are highly encouraged to list an e-mail address.
The “Name of Bank” Data Fields at Top of the 1006C Form:

- **Name of Bank or other Financial Institution**: The Certificate of Deposit must contain the complete name of the Bank or other Financial Institution that is issuing this document (the Certificate of Deposit).
- **Mailing Address**: The address of the Bank or other Financial Institution must be listed be on the face of the Certificate of Deposit. If the Bank or other Financial Institution receives their mail at a Post Office Box, the Bank or other Financial Institution is also required to list a physical address. (i.e., Route 4 Box 239 or 149 West Main, Ste. 400, etc.) here.
- **Physical Address**: List the physical address here if it is different from the mailing address.
- **City, State, and Zip Code**: This is the city, state and zip code where the mail is to be sent.
- **Phone Number**: The phone number at which the Bank or other Financial Institution can be contacted.
- **Fax Number**: This is optional, but all operators are highly encouraged to maintain access to a fax machine.
- **Contact Person**: If you need or want your surety mailings from the Corporation Commission directed to a specific person, list that name here.
- **E-Mail Address**: This is optional, but all operators who have access to a computer and the Internet are highly encouraged to list an e-mail address.
Other Required Items:

- **Amount of Certificate of Deposit**: This amount is usually $25,000.00 in U.S. Dollars. This amount can be lesser or greater depending upon certain circumstances; the normal amount is $25,000.00.

- **Date of Expiration for the Certificate of Deposit**: The Certificate of Deposit must be issued for a period of not less than one (1) year. It can be issued for more than one (1) year; it can also be issued with no expiration date. The Certificate of Deposit renews automatically each year.

- **Signature of Bank or Other Financial Institution Representative**: The President or Vice President of the Bank or other Financial Institution Representative must sign the Certificate of Deposit here.
RE: JOINT ACCOUNTS BETWEEN COMMISSION AND OPERATOR

Some operators seek to comply with the statutory surety requirements by depositing a sum of money in a joint account with the Commission. The Office of General Counsel has advised that, in order to comply with the statutory requirement that "any instrument shall constitute an unconditional promise to pay and be in a form negotiable by the Commission," joint accounts should be clearly designated as joint accounts and titled as follows:

"OKLAHOMA CORPORATION COMMISSION OR OKLAHOMA CORPORATION COMMISSION AND [NAME OF OPERATOR]"

If the joint account is so titled, the Commission will be able to withdraw the money independently, but the operator will have to obtain the signature of an authorized agent of the Commission before it can withdraw the money. A joint account which is merely titled "Commission and (Name of Operator)," "Commission or (Name of Operator)," or "Commission and/or (Name of Operator)" does not comply with the statute because the Commission has to obtain the signature of the operator in order to withdraw the money.

NOTE: No paperwork will be processed without a Form 1006B (Operator's Agreement).

NOTE: No paperwork will be processed without a Form 1006B (Operator's Agreement to Plug Oil, Gas, and Service Wells Within the State of Oklahoma) attached along with a copy of the Certificate of Deposit, which is a fee determined by well count. New Operators will have 0 wells and will submit a $100 check with Form 1006B and Certificate of Deposit. Also, if operator is anything other than a Sole Proprietorship (i.e. LLC, Inc, LP, etc.), the Commission will require the submission of a Letter of Good Standing from the Oklahoma Secretary of State.
This page intentionally left blank
FORM 1006D
AFFIDAVIT OF WELL PLUGGING COSTS

Last date revised: 2017
Form to be filled out by: Licensed Well Plugger
Form must be filed: The original is to be filed with the Corporation Commission only once (at the time of the transaction).

Special Qualification: The Corporation Commission cannot accept an Affidavit of Well Plugging Costs for less than $2.00 per foot on the total depth of the well.

OTC/OCC Operator No.: This is the number that the Oklahoma Corporation Commission has or will assign to your company. This is a unique number that only your company will have.
“Name of Well Plugger” Data Fields at the Top of Form 1006D:

**Name of the Well Plugger:** The Well Plugger must list their name, company name, or corporation name here.

**Mailing Address:** If the Well Plugger receives their mail at a Post Office Box, the Well Plugger is also required to list a physical address. (i.e., Route 4 Box 239 or 149 West Main, Ste. 400, etc.) here.

**Physical Address:** If the Well Plugger receives their mail at a Post Office Box, the Well Plugger is also required to list a physical address here.

**City, State and Zip Code:** This is the city, state and zip code where the mail is to be sent.

**Phone Number:** The phone number at which the Well Plugger can be contacted.

**Fax Number:** This is optional, but all Well Pluggers are highly encouraged to maintain access to a fax machine.

**Contact Person:** If you need or want your surety mailings from the Corporation Commission directed to a specific person, list that name here.

**E-Mail Address:** This is optional, but all Well Pluggers who have access to a computer and the Internet are highly encouraged to list an e-mail address.

**Well Pluggers Permit No.:** Each licensed well plugger that is recognized by the Corporation Commission has been issued a permit number; list that permit number in the space provided.

“Name of Operator” Data Fields in the middle of Form 1006D:

**Name of Operator:** The operator must list their name, company name, or corporation name here.

**Mailing Address:** If the operator receives their mail at a Post Office Box, the operator is also required to list a physical address. (i.e., Route 4 Box 239 or 149 West Main, Ste. 400, etc.) here.

**Physical Address:** If the operator receives their mail at a different location than their physical location, list it here.

**City, State, and Zip Code:** This is the city, state and zip code where the mail is to be sent.
“Name of Operator” Data Fields in the middle of Form 1006D (continued):

**Phone Number**: The phone number at which the operator can be contacted.

**Fax Number**: This is optional, but all operators are highly encouraged to maintain access to a fax machine.

**Contact Person**: If you need or want your surety mailings from the Corporation Commission directed to a specific person, list that name here.

**E-Mail Address**: This is optional, but all Well Pluggers who have access to a computer and the Internet are highly encouraged to list an e-mail address.

**Estimated Cost of Plugging the Well**: This is the amount of what the Well Plugger is estimating the cost would be to plug the well. The minimum acceptable amount that the Corporation Commission can accept is $2.00 per foot on the total depth of the well. This cost does not include any salvage value as to recoverable casing, tubing or wellhead equipment. This estimate is for the plugging of the well, the emptying and leveling of all pits, removal of all trash and debris, and cleaning and restoring the well site including (but not limited to) the tank site and revegetation for each well.

“Well Name and Number” Data Fields at the Bottom of Form 1006D:

**Well Name and Number**: List the name and number of the existing well or the name and number of the proposed well.

**API Number**: The unique number that is assigned to each well at the time that it was drilled. Leave this space blank for new proposed wells.

**Legal Description**: Provide the quarter section(s) and the Section, Township and Range of the well location.

**County**: List the county where the surface facility of this well is to be located.

**Total Depth**: List the total depth of this well. If it a proposed well, list the total estimated depth of the well.
“Well Name and Number” Data Fields at the Bottom of Form 1006D (continued):

**Well Classification**: Please indicate the well status. Indicate whether the well is an Oil, Gas, Injection or Disposal Well. If it is a proposed well, enter the anticipated classification of the well.

**Date that the form is signed**: List the date that the Well Plugger completed this form.

**Signature of Well Plugger Representative**: The Well Plugger must sign the affidavit here.

**Name and Title of Well Plugger**: The Well Plugger’s name and title must be typed or printed on this line.

**Name of the Well Plugging Company**: List the name of the individual, company or corporation that is completing this affidavit here.

**Notary Information - County of**: The notary needs to indicate what county they are located in by listing it here.

**Notary Information – Date signed**: The notary needs to indicate the day, month and year that this form was signed (in their presence) on this line.

**Notary Information – Commission Expiration**: The notary needs to indicate the month and year that their commission expires on these lines.

**Commission Number**: The notary needs to provide their Notary Commission number on this line.

**Notary Information – Notary Signature**: The notary needs to sign this form on their signature line.

**Notary Information – Notary Seal**: The notary needs to affix their seal to this document.
OKLAHOMA CORPORATION COMMISSION  
Oil and Gas Conservation Division  
P. O. Box 0200  
Oklahoma City, OK 73152-2000  

Affidavit of Well Plugging Costs  
(CAC 165:10-1-10(9); 57 O.S. 318.1)  
(Please Print or Type in Black Ink Only)

<table>
<thead>
<tr>
<th>NAME OF WELL PLUGGER:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MAILING ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>PHYSICAL ADDRESS</td>
<td></td>
</tr>
<tr>
<td>(If different):</td>
<td></td>
</tr>
<tr>
<td>CITY, STATE and ZIP CODE:</td>
<td></td>
</tr>
<tr>
<td>PHONE NUMBER:</td>
<td></td>
</tr>
<tr>
<td>FAX NUMBER:</td>
<td></td>
</tr>
<tr>
<td>CONTACT PERSON:</td>
<td></td>
</tr>
<tr>
<td>E-MAIL:</td>
<td></td>
</tr>
</tbody>
</table>

I, being the above named well plugger being of lawful age and duly sworn under oath, do hereby and state the following, to wit:

That I am or legally represent a duly Oklahoma Licensed Pipeline Pulling and Well Plugging Company under permit No. issued by the Oil and Gas Conservation Division of the Oklahoma Corporation Commission pursuant to OAC:165:10-11-1.  

That I have reviewed the information presented to me by

<table>
<thead>
<tr>
<th>NAME OF OPERATOR:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MAILING ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>PHYSICAL ADDRESS</td>
<td></td>
</tr>
<tr>
<td>(If different):</td>
<td></td>
</tr>
<tr>
<td>CITY, STATE and ZIP CODE:</td>
<td></td>
</tr>
<tr>
<td>PHONE NUMBER:</td>
<td></td>
</tr>
<tr>
<td>FAX NUMBER:</td>
<td></td>
</tr>
<tr>
<td>CONTACT PERSON:</td>
<td></td>
</tr>
<tr>
<td>E-MAIL:</td>
<td></td>
</tr>
<tr>
<td>EMERGENCY CONTACT:</td>
<td></td>
</tr>
<tr>
<td>PHONE NUMBER:</td>
<td></td>
</tr>
</tbody>
</table>

as operator of a proposed well to be drilled and/or of an existing well that is currently producing, and/or being injected and that it is my professional opinion and estimate that it would cost $ in U.S. dollars to properly plug and abandon said well that is more specifically described below. That said estimated plugging cost does not include any salvage value as to reclaimable casing, tubing or well head equipment. That said estimated plugging cost includes plugging the well, empty and level all pits, removal of all trash, and debris, cleaning and restoring the well site including the tank site and rewatering for each well in accordance with all Oklahoma Corporation Commission Rules inclusively.

That the following information pertains to the proposed well to be drilled and/or the existing well that is currently producing or being used for injection purposes:

| WELL NAME and NUMBER: | API NUMBER: |  |
|-----------------------|--|  |
| LEGAL LOCATION:       | ¼ | ¼ |
| COUNTY:               | ¼ | ¼ |
| TWP.:                 | ¼ | ¼ |
| SEC.:                 | ¼ | ¼ |
| TOTAL DEPTH OF WELL: | TOTAL | DEPTH |
| TYPE OF WELL:         | OIL: | GAS: |
| CASING IN THIS WELL IS WILL BE CEMENTED TO THE SURFACE: | Y | N |

That in the event the above well is a proposed well to be drilled, this Affidavit must be accompanied by an OCC Form 1000. Intent to Drill, or.

That in the event the above well is an existing well that is being produced or an injection well, this Affidavit must be accompanied by an OCC Form 1012A, Completion Report.

That this Affidavit was executed this day of , 20 .

Signature of Well Plugging Company

STATE OF OKLAHOMA  
COUNTY OF

Subscribed and sworn to me, a Notary Public, this day of , 20 .

My Commission Expires: My Commission Number

For Commission Use Only

Approved by Date: ____________________________  
__________________________
Notary Public  
Expiration Date: ____________________________  
__________________________
Notary Public  
Date: ____________________________

(59)
This page intentionally left blank
PROcedures for Companies Going Out of Business

1. **Written Notification**: All operators are required to notify the Corporation Commission, in writing, at least six (6) months prior to cancellation of their surety.

2. **Type of surety on-file**:
   a. **Bonds**: If your company has a plugging bond through an insurance bonding company, you should do the following:
      i. Contact your contact bonding company and let them know of your decision not to renew your bond.
      ii. Ask them to send a cancellation notice to the Corporation Commission.
      iii. Once this notice is received, the Corporation Commission shall acknowledge the proposed cancellation. The Commission will notify both the operator and the bonding company.
iv. If everything is in order, a release statement will be issued to both the operator and the bonding company; the original bond will be returned to the bonding company.

v. If something is discovered that requires operator attention, the Commission shall issue a “Revocation of Proposed Cancellation” statement along with a notice advising the operator of whom to contact to correct the situation. Under this plan, the surety will not be released until the discrepancies are corrected.

**b. Financial Statement**: If the operator has provided surety in the form of a financial statement, the operator should:

i. Write a letter to the Corporation Commission notifying us that they are no longer an operator.

ii. The Corporation Commission shall acknowledge receipt of the cancellation and issue an Acknowledgment of Proposed Cancellation.

iii. If everything is in order, a “Release Statement” will be issued to the operator for their files.

iv. If something is discovered that requires operator attention, the Commission shall issue a “Revocation of Proposed Cancellation” statement along with a notice advising the operator of whom to contact to correct the situation. Under this plan, the surety will not be released until the discrepancies are corrected.

**c. Letter of Credit**: If your company has a letter of credit through a bank or other financial institution, you should do the following:

i. Contact your bank or other financial institution and notify them of your decision not to renew your bond.

ii. Ask them to send a cancellation notice to the Corporation Commission.

iii. Once this notice is received, the Corporation Commission shall acknowledge the proposed cancellation. The Commission will notify both the operator and the bank or other financial institution.
iv. If everything is in order, a “Release Statement” will be issued to both the operator and the bank (or other financial institution); the original bond will be returned to the bank or other financial institution.

v. If something is discovered that requires operator attention, the Commission shall issue a “Revocation of Proposed Cancellation” statement along with a notice advising the operator of whom to contact to correct the situation. Under this plan, the surety will not be released until the discrepancies are corrected.

d. Cashier’s Checks and Certificates of Deposit: If your company has either a cashier’s check or a certificate of deposit, you should do the following:

i. Notify the Corporation Commission of your decision not to renew your bond.

ii. Once this notice is received, the Corporation Commission shall acknowledge the proposed cancellation. The Commission will notify the operator.

iii. If everything is in order, a release statement will be issued to both the operator and the bank (or other financial institution) along with the original certificate of deposit. For cashier’s checks, the Corporation Commission shall issue a state warrant for the amount on deposit with the State Treasury.

iv. If something is discovered that requires operator attention, the Commission shall issue a “Revocation of Proposed Cancellation” statement along with a notice advising the operator of whom to contact to correct the situation. Under this plan, the surety will not be released until the discrepancies are corrected.
This page intentionally left blank
## TELEPHONE NUMBERS

<table>
<thead>
<tr>
<th>Section</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SURETY SECTION</strong></td>
<td>405-521-2246</td>
</tr>
<tr>
<td>or</td>
<td>405-522-6196</td>
</tr>
<tr>
<td><strong>WELL RECORDS SECTION</strong></td>
<td>405-521-2271</td>
</tr>
<tr>
<td>or</td>
<td>405-521-2275</td>
</tr>
<tr>
<td><strong>DISTRICT OFFICE 1 (NORTHEAST)</strong></td>
<td>918-367-3396</td>
</tr>
<tr>
<td><strong>DISTRICT OFFICE 2 (NORTHWEST)</strong></td>
<td>405-375-5570</td>
</tr>
<tr>
<td><strong>DISTRICT OFFICE 3 (SOUTHWEST)</strong></td>
<td>580-255-0103</td>
</tr>
<tr>
<td><strong>DISTRICT OFFICE 4 (SOUTHWEST)</strong></td>
<td>580-332-3441</td>
</tr>
</tbody>
</table>
This page intentionally left blank
Do You Need To Apply For An FEIN?  
You Can Now Apply Online Or Over The Phone!

You can now apply for and receive a Federal Employers Identification Number online at https://www.irs-tax-id-number.com/ein.aspx or by telephone. Follow the steps below and you can have a number in a just a few minutes.

**NOTES:**

Only a duly authorized individual as described below should call to apply:
- **Individual Owner**
- **Corporation or Non-Profit Organization**  
  (President, Vice President, or Other Principal Officer)
- **Trust or Estate**  
  (Fiduciary or Executor)

Follow these simple steps to receive your FEIN fast:

1. **Apply Online:**
   - Visit the IRS website at https://www.irs-tax-id-number.com/ein.aspx, or
2. **Call and apply by Phone:**
   - Call the IRS at (800) 829-4933.
3. The IRS will only issue a FEIN over the phone or online to those duly qualified as described in the “NOTES” section above.
4. Write down the number you are issued and keep it in a safe place.
5. If you would prefer to receive your FEIN by postal mail, you can:
   - Visit either the Oklahoma Tax Commission’s website located online at https://www.irs-taxid-number.com/tax-id-ein/oklahoma/, or
   - Download the Form SS-4
   - Complete, sign and date the form.
   - Mail to the address shown on the form.
BUSINESS DEFINITIONS

**Sole Proprietorship** – a business, usually unincorporated, owned and controlled exclusively by one person. Such a business is commonly designated a “Sole Proprietorship”. There is no statutory provision to place a sole proprietorship on-file with the Oklahoma Secretary of State.

**Corporation** – a separate and distinct legal entity that acts for, or on the behalf of, a group of people. A corporation is created by or under the authority of the laws of a state or nation. A corporation may be formed for profit or not for profit. Corporations are required to file with the Oklahoma Secretary of State.

**Limited Partnership** – is a type of partnership comprised of one or more general partners who manage the business and who are personally liable for partnership debts, and one or more limited partners who contribute capital and share in profits but who take no part in running the business and incur no liability with respect to partnership obligations beyond contribution.

**General Partnership** – a partnership in which the parties carry on all their trade and business for the joint benefit and profit of all the parties concerned, whether the contributions thereto be equal or unequal. There is no statutory provision to place a general partnership on-file with the Oklahoma Secretary of State; however, there is a provision to file a Certificate of Fictitious Name.

**Fictitious Name** – every partnership transacting business in Oklahoma under a fictitious name not showing the names of the persons interested as partners in the business must file with the Oklahoma Secretary of State a Certificate of Fictitious Name.

**Limited Liability Company** – a business formed by one or more members. The owners are the members of the company and manage the company unless otherwise stated by the Articles of Organization. A manager is a person or persons designated by the members to manage the limited liability company as provided in the Articles of Organization or an Operating Agreement.
**Trade Name Report** – any corporation or other business entity doing business in the State of Oklahoma under any name other than its legal name shall file a report with the Oklahoma Secretary of State setting forth the trade name under which business is conducted. The trade name report is also commonly referred to as a “dba”.

The Oklahoma Secretary of State strongly suggests that individuals seek advice from their personal attorney when determining the type of business entity that will be formed, as this office does not maintain a legal staff.

The **Business Filing Department** of the Oklahoma Secretary of State receives and processes corporation, limited partnership, Limited Liability Company, limited liability partnership, certificate of partnership fictitious name for general partnership and trade name registrations. These include new registrations, amendments, mergers, dissolutions and withdrawals for both domestic and foreign entities. A business name can be researched for availability prior to registration by telephone, mail or in person. Forms are provided for the various types of filings. These can be obtained by telephone, mail, in person, or online by following the download link. The telephone number is (405) 521-3911. Documents can be presented for processing either in person or by mail. Documents brought in person for processing must be presented between the hours of 8:00 AM and 4:00 PM. Documents submitted by mail are generally processed within ten to fourteen working days after receipt.

**Business Filing Department**  
2300 N Lincoln Blvd Room 101  
Oklahoma City, OK 73105-4897  
Telephone (405) 522-4560  
Fax (405) 521-3771