TYPE OR PRINT
USING BLACK INK ONLY

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 52000-2000
Oklahoma City, Oklahoma 73152

Form 1006A
Rev. 2012

Financial Statement
OAC 165:10-1-11

Name of Operator _____
Mailing Address _____
Physical Address (if different) _____
City, State, ZIP _____
Phone Number _____ Fax No. _____
Contact Person _____
E-mail Address _____
Emergency Contact: Name _____
Phone Number _____

As Operator, do hereby declare that this entity is to be defined as:
- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Limited Liability Partnership
- ☐ Limited Liablility Corporation
- ☐ Corporation
- ☐ Other Type of Business *

* (Please Specify) _____

Do hereby state and attest, that I have a total net worth greater than $50,000.00 USD, all of which all assets are located within the State of Oklahoma, and is supported and documented by the description and stated value of the assets and liabilities as shown herein. This financial statement is to be used to reflect my net worth and is to be completed in its entirety or it shall be returned unapproved. The value of all producing oil and gas leaseholds for which this financial statement stands as security.

THE FINANCIAL STATEMENT MUST BE RENEWED ANNUALLY

ASSETS*		LIABILITIES	
Liquid Assets		**Short Term and Intermediate Term Liabilities**	
1. Cash on hand and in banks (schedule)		15. Notes payable to banks (names of banks, amounts and collateral)	
2. U.S. Government Securities		16. Notes payable to others (schedule including collateral)	
3. Stocks (schedule)		17. Accounts payable	
4. Life insurance (schedule)		18. Other short or intermediate term liabilities	
5. Current accounts receivable (schedule)		19. TOTAL (Lines 15 thru 18)	
6. Loans made to others (due) (schedule)		**Long Term Liabilities**	
7. Other		20. Real estate mortgages (names of holder and amounts)	
8. TOTAL (Lines 1 thru 7)		21. Other long term liabilities (schedule including collateral)	
Other Assets		22. TOTAL (Lines 20 and 21)	
9. Real Estate** (schedule)		23. TOTAL (Lines 19 and 22)	
10. Mineral Worth*** (schedule)			
11. Machinery and equipment***(schedule)		24. NET WORTH (Subtract Line 23 from Line 14)	
12. All other assets (describe separately)		Do you carry public liability insurance covering your operations? ___ Y ___ N	
13. TOTAL (Lines 9 thru 13)		IF LIABILITY INSURED:	
		Insurance Company	
14. TOTAL OF ALL ASSETS (Lines 8 and 13)		Address	
		Phone No.	
		Policy No.	

* Oklahoma assets only
** Real estate with homestead exemption cannot be considered in determining your financial acceptability. Item 9 must be accompanied by a copy of tax receipt.
*** Must be accompanied by independent appraisal.

I declare and state that I have personal knowledge of the contents of this Financial Statement 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 contained herein and authorize and direct any of the financial institutions listed herein to release and provide the Commission with any information, amounts or data contained on this Financial Statement. 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 _____, _____
Date Month Year

My Commission Expires: _____ _____
Notary Public Signature

Notary License Number: _____ _____
Print or Type Name of Notary Public