

Form 1006A
Financial Statement

This form is for Operators who have been registered with the Oklahoma Corporation Commission for more than 3 consecutive years with no interruption in surety, no complaints filed, or no fines levied.

The Surety Department can be reached by telephone at 405-521-2246 or 405-522-6196.

OKLAHOMA CORPORATION COMMISSION

Oil and Gas Conservation Division
 Attn: Surety Department
 Post Office Box 52000
 Oklahoma City, OK 73152-2000

Form 1006A
 (Rev. 2018)

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

NAME OF OPERATOR:			
MAILING ADDRESS:			
PHYSICAL ADDRESS: <small>(If different from the Mailing Address)</small>			
CITY, STATE, and ZIP CODE:			
PHONE NUMBER:		FAX NUMBER:	
CONTACT PERSON:		E-MAIL ADDRESS:	
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			

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 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 value of all producing oil and gas leaseholds for which this financial statement stands as security.

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

OKLAHOMA ASSETS*	
CATEGORIES	REPORT IN U.S. DOLLARS (\$)
1. CASH IN BANK <small>(Attach Schedule A)</small>	
2. MARKETABLE SECURITIES <small>(Attach Schedule B)</small>	
3. LIFE INSURANCE <small>(Attach Schedule C)</small>	
4. MORTGAGES AND CONTRACTS HELD BY YOU <small>(Attach Schedule D)</small>	
5. REAL ESTATE ** <small>(Attach Schedule E)</small>	
6. OIL AND GAS INTERESTS <small>(Attach Schedule F and an Engineering Report that was prepared within the last 3 years)</small>	
7. MACHINERY AND EQUIPMENT <small>(Attach Schedule G)</small>	
8. OTHER ASSETS NOT LISTED ELSEWHERE <small>(Attach Schedule H)</small>	
9. TOTAL ASSETS <small>(Add Lines 1 thru 9)</small>	
Please Note: All supporting documents and schedules cannot be more than 3 years old and must be filed annually.	

OKLAHOMA LIABILITIES

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

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 _____, _____
Date Month Year

My Commission Expires: _____ Notary Public Signature _____

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

Name of Operator: _____

Operator Number: _____

SCHEDULE A
CASH IN BANK

Name Of Bank, Mailing Address, Contact Person, and Phone Number	Name On Account	Balance	Type of Account

Name of Operator: _____

Operator Number: _____

SCHEDULE B
MARKETABLE SECURITIES

Broker's Name, Address and Phone Number	Issuing Company	Registered In Name Of	Total Market Value (\$)	Pledged Stock Yes/No	Where Traded

Name of Operator: _____

Operator Number: _____

**SCHEDULE C
LIFE INSURANCE**

Insuring Company Name, Address, Agency's Name and Phone Number	Policy Number	Face Value (\$)	Cash or Loan Value (\$)	Assigned Yes/No

Name of Operator: _____

Operator Number: _____

SCHEDULE D
MORTGAGES AND CONTRACTS
HELD BY YOU

Due From: Name, Address, Phone Number	Original Amount (\$)	Purpose	Present Balance (\$)	Payment Terms	Maturity Date	Collateral

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						
R/E Use	Description and Location	% Own	Year Acquired	Present Value \$	Mortgage Payable To	Mortgage Balance \$
			Original Cost \$			

Name of Operator: _____

Operator Number: _____

SCHEDULE J
SHORT TERM NOTES PAYABLE TO BANKS

** IF YOU ARE A COMAKER, LIST THE LOAN IN THIS SCHEDULE AND STATE THE BORROWER'S NAME IN THIS COLUMN					
Due To: Name, Address, Phone Number and Contact Person	Original Amount \$	Present Balance \$	Maturity Date	Payment Terms	Collateral**

Name of Operator: _____

Operator Number: _____

**SCHEDULE K
LONG TERM NOTES PAYABLE TO BANKS**

** IF YOU ARE A COMAKER, LIST THE LOAN IN THIS SCHEDULE AND STATE THE BORROWER'S NAME IN THIS COLUMN					
Due To: Name, Address, Phone Number and Contact Person	Original Amount \$	Present Balance \$	Maturity Date	Payment Terms	Collateral**

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					
Due To: Name, Address, Phone Number and Contact Person	Original Amount \$	Present Balance \$	Maturity Date	Payment Terms	Collateral**

Name of Operator: _____

Operator Number: _____

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

R/E Use	Description and Location	% Own	Year Acquired	Present Value \$	Mortgage Payable To (Give Name, Address and Phone Number)	Mortgage Balance \$
			Original Cost \$			

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

R/E Use	Description and Location	% Own	Year Acquired	Present Value \$	Mortgage Payable To (Give Name, Address and Phone Number)	Mortgage Balance \$
			Original Cost \$			

