

**Instructions:**  
 File original and one (1) copy of application with proof of publication.  
 Type or print using black ink only.

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

Form 1055  
 Rev. 2018

**Application for Pipe Pulling and Well Plugging License**

OAC 165:10-11-1

Name		Phone (AC)
Address (if PO Box, include street address on Line 2 below)		FAX No.
Address Line 2		
City	State	Zip

**Partnership** Name and complete address of each partner (if additional space is needed, please list on a separate sheet)

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**Corporation** Name and complete address of each director and officer (if additional space is needed, please list on a separate sheet)

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**Experience** (if additional space is needed, please list on a separate sheet)


Net worth of applicant is in excess of \$ \_\_\_\_\_ (Financial Statement optional)

**Applicant's Equipment** Condition of equipment  New  Good  Fair

No. of pulling units and/or cementing pump trucks to be used in operations: \_\_\_\_\_ Pulling Units \_\_\_\_\_ Cementing pump trucks

Equipment max. depth capacity (ft.)	Max. casing pulling size	Max. hydraulic pipe pulling (lb/ft.)	Hydraulic jacks for casing pulling <input type="checkbox"/> yes <input type="checkbox"/> no
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General operational insurance coverage carried for above type of work: Company \_\_\_\_\_ Amount \_\_\_\_\_

Counties in which company intends to engage in pipe pulling and well plugging operations, (attach sheet if necessary); or

Check here if application is for statewide operations.

1	5	9
2	6	10
3	7	11
4	8	12

**References:** two (2) names and addresses


**Attach rate schedules for plugging and casing pullers.**

Are you an honorably-discharged member of the Armed Forces?  
 If "yes", please attach a copy of your DD Form 214.  Yes  No

Are you an active-duty member of the Armed Forces of any state?  
 If "yes", please attach a copy of your active duty ID card.  Yes  No

Is your spouse an active-duty member of the Armed Forces of any state?  
 If "yes", please attach a copy of your dependent ID card.  Yes  No

Is your spouse subject to a military transfer to this state?  
 If "yes", please provide a copy of the transfer papers.  Yes  No

Did you leave employment in another state to accompany your spouse to this state?  Yes  No

Are you certified or licensed in another state to perform pipe pulling and well plugging?  
 If "yes", please attach a copy of your license.  Yes  No

I declare that I have knowledge of the contents of this application and am authorized by my organization to make this report, 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Name & Title (Typed or Printed) \_\_\_\_\_

**DISTRICT I**  
 115 West 6th Street  
 Bristow, OK 74010  
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 OGBristowOffice@occcemail.com

**DISTRICT II**  
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 Kingfisher, OK 73750  
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 Ada, OK 74820  
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