

**INDEX OF THIS COMBINED
OCC SURETY DOCUMENT:**

1006AA
1006A Rev. 2021
1006A SCH A
1006A SCH B
1006A SCH C
1006A SCH D
1006A SCH E
1006A SCH F
1006A SCH G
1006A SCH H
1006A SCH J
1006A SCH K
1006A SCH L
1006A SCH M
1006A SCH N
1006A SCH O



Financial Statement for oil, gas, injection or disposal wells (OAC 165:10-1-11)

NAME OF OPERATOR:			
MAILING ADDRESS:			
PHYSICAL ADDRESS: (If different from the Mailing Address)			
CITY	STATE	ZIP CODE:	
PHONE NUMBER:		FAX NUMBER:	
CONTACT PERSON:		E-MAIL ADDRESS:	
As Operator, do hereby declare that this entity is to be defined as:			
_____ Limited Liability Partnership		_____ Sole Proprietorship	
_____ Limited Liability Corporation		_____ Partnership	
_____ Corporation		_____ Other Type of Business (Please Specify)	

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

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

FORM 1006A
(Rev 2021)

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 BORROWERS 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 BORROWERS 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 BORROWERS 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 \$			

