

Form 1006B

Operator's Agreement to Plug Oil, Gas, and Service Wells within the State of Oklahoma OAC 165:10-1-10; OAC 165:5-3-1(b)(1)(S)(i)-(v)

PAYMENT REQUIRED, SEE LIST BELOW

Business addresses, telephone numbers, and e-mail addresses are to be provided in this Form and in attachments to this Form.

OPERATOR: _____ OPERATOR NUMBER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHYSICAL ADDRESS (CANNOT BE A PO BOX): _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NO: ____ - ____ - ____ CONTACT: _____ EMAIL ADDRESS: _____

One Box Must Be Checked, do not check more than one box

☐ Address Change Only (No filing fee)

☐ 0 Wells \$100

☐ 26-100 Wells \$500

☐ 201-500 Wells \$750

☐ 1-25 Wells \$250

☐ 101-200 Wells \$750

☐ Over 500 Wells \$1,000

The above-described operator states that the operator is authorized to do business within the State of Oklahoma, that the operator 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 other service well within the State of Oklahoma, and that the operator hereby agrees to drill, operate and plug each such well in compliance with the laws of the State of Oklahoma and the rules and orders of the Corporation Commission of the State of Oklahoma.

The operator hereby agrees that if the Commission determines, after notice and hearing, that the operator has neglected, failed, or refused to plug and abandon, or cause to be plugged and abandoned, or replug 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 OAC 165:10, then the operator shall forfeit from the operator's 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.

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. I declare that the operator has met the requirements in OAC 165:10-1-10. Any person who shall verify under oath any report, map or drawing or other statement or document authorized or required by the provisions of 52 O.S. § 86.1 et seq. or by any order, rule or regulation of the Commission made under the provisions of 52 O.S. § 86.1 et seq. 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 or she 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 _____, _____.

Signature of Operator, Officer, Partner, or Principal of Operator

Federal Employer Identification Number
(FEIN)

Type or Print Name of Operator, Officer, Partner, or Principal of Operator



Form 1006B

Operator's Agreement to Plug Oil, Gas, and Service Wells within the State of Oklahoma

All operators of oil, gas, injection, disposal, and service wells within the State of Oklahoma are required to file a Form 1006B Operator's Agreement on an annual basis and to supply the information contained in OAC 165:10-1-10(e). The terms "affiliate" and "insider" appearing in OAC 165:10-1-10 are defined as follows:

"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. [OAC 165:10-1-10(i)(1)].

"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. [OAC 165:10-1-10(i)(2)].

If the operator is required to file a Form 10-K with the United States Securities and Exchange Commission, the operator must submit a current Form 10-K with the Form 1006B. The operator must complete page one of the Form 1006B, and the Form 10-K is submitted in lieu of other required information on the Form 1006B.

Oklahoma City Mailing Address
Attn: Central Processing
PO Box 171
Oklahoma City, OK 73101
(Checks or money orders only)

Send questions about payments to: OCCRevenue@occ.ok.gov

Operator Name

Operator Number

ALL OFFICERS, DIRECTORS, PARTNERS OR PRINCIPALS OF OPERATOR

OAC 165:10-1-10 (e)

*** Indicates a required field and must contain information, please do not leave any required field blank.**

Full first, middle, & last names, and any applicable suffix are required to be provided. **Do not write N/A, initials, or leave any line blank**, if any individual doesn't have a middle name or email, please write 'none' on the line provided. If the middle name is an initial only, please provide the initial then write '(initial only)' on the line provided.

1) FULL FIRST NAME*	FULL MIDDLE NAME*	FULL LAST NAME*	SUFFIX*
BUSINESS MAILING ADDRESS*	CITY*	STATE*	ZIP*
BUSINESS PHYSICAL *	CITY*	STATE*	ZIP*
BUSINESS PHONE NUMBER*	BUSINESS EMAIL*	TITLE*	% OF OWNERSHIP*
2) FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME	SUFFIX
BUSINESS MAILING ADDRESS	CITY	STATE	ZIP
BUSINESS PHYSICAL ADDRESS	CITY	STATE	ZIP
BUSINESS PHONE NUMBER	BUSINESS EMAIL	TITLE	% OF OWNERSHIP
3) FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME	SUFFIX
BUSINESS MAILING ADDRESS	CITY	STATE	ZIP
BUSINESS PHYSICAL ADDRESS	CITY	STATE	ZIP
BUSINESS PHONE NUMBER	BUSINESS EMAIL	TITLE	% OF OWNERSHIP

Operator Name

Operator Number

ALL OFFICERS, DIRECTORS, PARTNERS OR PRINCIPALS OF OPERATOR

OAC 165:10-1-10 (e)

*** Indicates a required field and must contain information, please do not leave any required field blank.**

Full first, middle, & last names, and any applicable suffix are required to be provided. **Do not write N/A, initials, or leave any line blank**, if any individual doesn't have a middle name or email, please write 'none' on the line provided. If the middle name is an initial only, please provide the initial then write '(initial only)' on the line provided.

4) FULL FIRST NAME*	FULL MIDDLE NAME*	FULL LAST NAME*	SUFFIX*
BUSINESS MAILING ADDRESS*	CITY*	STATE*	ZIP*
BUSINESS PHYSICAL *	CITY*	STATE*	ZIP*
BUSINESS PHONE NUMBER*	BUSINESS EMAIL*	TITLE*	% OF OWNERSHIP*
5) FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME	SUFFIX
BUSINESS MAILING ADDRESS	CITY	STATE	ZIP
BUSINESS PHYSICAL ADDRESS	CITY	STATE	ZIP
BUSINESS PHONE NUMBER	BUSINESS EMAIL	TITLE	% OF OWNERSHIP
6) FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME	SUFFIX
BUSINESS MAILING ADDRESS	CITY	STATE	ZIP
BUSINESS PHYSICAL ADDRESS	CITY	STATE	ZIP
BUSINESS PHONE NUMBER	BUSINESS EMAIL	TITLE	% OF OWNERSHIP

Operator Name

Operator Number

ALL SERVICE AGENTS FOR OPERATOR

OAC 165:10-1-10(e)

[illegible]

Operator Name

Operator Number

**ALL INSIDERS AND AFFILIATES OF OPERATOR AND ALL OFFICERS,
DIRECTORS, PARTNERS, PRINCIPALS OR OTHER PERSONS PERTAINING TO
INSIDERS AND AFFILIATES OF OPERATOR**

OAC 165:10-1-10(e) & (i)

1) FULL FIRST NAME*	FULL MIDDLE NAME*	FULL LAST NAME*	SUFFIX*
BUSINESS MAILING ADDRESS*	CITY*	STATE*	ZIP*
BUSINESS PHYSICAL *	CITY*	STATE*	ZIP*
BUSINESS PHONE NUMBER*	BUSINESS EMAIL*	TITLE*	% OF OWNERSHIP*
2) FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME	SUFFIX
BUSINESS MAILING ADDRESS	CITY	STATE	ZIP
BUSINESS PHYSICAL ADDRESS	CITY	STATE	ZIP
BUSINESS PHONE NUMBER	BUSINESS EMAIL	TITLE	% OF OWNERSHIP
3) FULL FIRST NAME	FULL MIDDLE NAME	FULL LAST NAME	SUFFIX
BUSINESS MAILING ADDRESS	CITY	STATE	ZIP
BUSINESS PHYSICAL ADDRESS	CITY	STATE	ZIP
BUSINESS PHONE NUMBER	BUSINESS EMAIL	TITLE	% OF OWNERSHIP

Operator Name

Operator Number

ALL SERVICE AGENTS FOR INSIDERS AND AFFILIATES OF OPERATOR

OAC 165:10-1-10(e)

[illegible]