



Application for Casing Pulling and Well Plugging License
OAC 165:10-11-1 and OAC 165:10-1-7(b)(73)

Form 1055

Email PDF copy of Application and other information to: pluggerlicenseinfo@occ.ok.gov Business addresses, telephone numbers, email addresses and facsimile numbers are to be provided in this Application

Applicant

Name _____ Email _____
Mailing Address _____ Phone _____
City _____ State _____ Zip Code _____ Fax _____

Physical Address (if different
from the mailing address)

City _____ State _____ Zip Code _____

Primary Contact

Name _____ Title _____ Phone _____ Email _____

Mailing Address _____ City _____ State _____ Zip Code _____

Applicant is a: Corporation Partnership Limited Liability Company Individual or Sole Proprietor Other (Please Specify)

Corporation – List name, complete mailing address, email address, and phone number of each officer and director.

Partnership – List name, complete mailing address, email address, and phone number of each partner.

Limited Liability Company – List name, complete mailing address, email address, and phone number of the manager and each member.

Individual or Sole Proprietor – Name, complete mailing address, email address, and phone number provided above for Applicant are sufficient. *

Other- List name, type of entity, complete mailing address, email address, and phone number of each principal.

Name	Title	Phone	Email	
Mailing Address	City	State	Zip Code	
Name	Title	Phone	Email	
Mailing Address	City	State	Zip Code	
Name	Title	Phone	Email	
Mailing Address	City	State	Zip Code	

(If additional space is needed, please list on a separate sheet).

Experience related to pulling of casing and well plugging (begin with present position and list all prior employers). (If additional space is needed, please list on a separate sheet).

Dates Employed	Employer	City	State	Phone Number	E-mail
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Submit application, a current rate schedule for casing pulling and well plugging, and a current financial statement to the Manager of the Field Operations Department at pluggerlicenseinfo@occ.ok.gov.

Condition of Applicant's Equipment ☐ NEW ☐ GOOD ☐ FAIR

Number 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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Amount of insurance coverage carried for casing pulling and well plugging operations: \$ _____

Insurance Company Name	Address	City	State	Zip Code	Phone	Email

Name of Applicant

☐ Check here if Application is for statewide operations

Counties in which Applicant intends to engage in casing pulling and well plugging operations:

Adair	Alfalfa	Atoka	Beaver	Beckham	Blaine	Bryan
Caddo	Canadian	Carter	Cherokee	Choctaw	Cimarron	Cleveland
Coal	Comanche	Cotton	Craig	Creek	Custer	Delaware
Dewey	Ellis	Garfield	Garvin	Grady	Grant	Greer
Harmon	Harper	Haskell	Hughes	Jackson	Jefferson	Johnston
Kay	Kingfisher	Kiowa	Latimer	LeFlore	Lincoln	Logan
Love	McClain	McCurtain	McIntosh	Major	Marshall	Mayes
Murray	Muskogee	Noble	Nowata	Okfuskee	Oklahoma	Okmulgee
Ottawa	Pawnee	Payne	Pittsburg	Pontotoc	Pottawatomie	Pushmataha
Roger Mills	Rogers	Seminole	Sequoyah	Stephens	Texas	Tillman
Tulsa	Wagoner	Washington	Washita	Woods	Woodward	

Provide two (2) References:

Name	City	State	Phone	Email
1.				
2.				

Are you an honorably-discharged member of the Armed Forces? If "yes", submit a copy of your DD Form 214 to the Manager of the Field Operations Department at pluggerlicenseinfo@occ.ok.gov .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you an active-duty member of the Armed Forces of any state? If "yes", submit a copy of your active duty ID card to the Manager of the Field Operations Department at pluggerlicenseinfo@occ.ok.gov .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your spouse an active-duty member of the Armed Forces of any state? If "yes", submit a copy of your dependent ID card to the Manager of the Field Operations Department at pluggerlicenseinfo@occ.ok.gov .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your spouse subject to a military transfer to this state? If "yes", submit a copy of the transfer papers to the Manager of the Field Operations Department at pluggerlicenseinfo@occ.ok.gov .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you leave employment in another state to accompany your spouse to this state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you certified or licensed in another state to perform casing pulling and well plugging? If "yes", submit a copy of your license to the Manager of the Field Operations Department at pluggerlicenseinfo@occ.ok.gov .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I declare that I have knowledge of the contents of this Application and am authorized by my organization to make this Application, 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. In making this Application, I certify that I will comply with all Oklahoma Corporation Commission Oil & Gas Conservation Rules in Oklahoma Administrative Code (OAC) 165:10, and that I am at least eighteen (18) years of age.

Signature

Date

Name (Print or Type)

Title (Print or Type)

***If Applicant is a natural person (individual or sole proprietor), complete the attached Affidavit Verifying Lawful Presence in the United States and the accompanying documents and submit via email to the Manager of the Field Operations Department at pluggerlicenseinfo@occ.ok.gov, along with the required documentation.**

-----FOR OCC USE ONLY-----

THIS APPLICATION FOR A CASING PULLING AND WELL PLUGGING LICENSE IS HEREBY
 _____ APPROVED _____ DISAPPROVED

Manager of Field Operations
 Oil and Gas Conservation Division
 Oklahoma Corporation Commission

Date

License No.

PO Box 171
Oklahoma City, OK 73101

SERVICE • ASSISTANCE • COMPLIANCE
EXCELLENCE IS OUR STANDARD

COMPLETE SECTION “A” OR “B” AS FOLLOWS:

A. If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following documents to this form. Place a checkmark below to indicate the document that is attached.

<input type="checkbox"/>	Driver’s license or ID card issued by a state or outlying possession of the United States, provided it contained a photograph or information such as name, date of birth, gender, height, eye color and address;
<input type="checkbox"/>	ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address;
<input type="checkbox"/>	U.S. Military card or draft record;
<input type="checkbox"/>	Military dependent’s ID card;
<input type="checkbox"/>	Native American tribal document;
<input type="checkbox"/>	A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain’s Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.;
<input type="checkbox"/>	United States Passport (except limited passports, which are issued for periods of less than five years);
<input type="checkbox"/>	Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
<input type="checkbox"/>	Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State;
<input type="checkbox"/>	Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual’s name has been changed);
<input type="checkbox"/>	Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual’s name has been changed);
<input type="checkbox"/>	United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974);
<input type="checkbox"/>	Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986);
<input type="checkbox"/>	Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (this is given to an individual born outside of the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
Alien Lawfully Admitted for Permanent Residence	
<input type="checkbox"/>	INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
<input type="checkbox"/>	Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.

B. If you are a qualified alien, please bring one of the original, unexpired documents to the Oklahoma Corporation Commission with your application. Place a checkmark below to indicate the document that will be submitted.

Immigrant or Non-Immigrant Visa Status:	
<input type="checkbox"/>	INS Form I-94 (arrival/departure record to be completed by all persons except U.S. Citizens;
<input type="checkbox"/>	INS Form I-688B (employment authorization document) (issued prior to 10/01/2006);
Asylee:	
<input type="checkbox"/>	INS Form I-94 (annotated with stamp showing grant of asylum under § 208 of the INA
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated “27 a.12 (a) (5)”;
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated “AS”;
<input type="checkbox"/>	Grant letter from the Asylum Office of INS; or
<input type="checkbox"/>	Order of an immigration judge granting asylum.

Refugee:	
<input type="checkbox"/>	INS Form I-94 annotated with stamp showing admission under § 207 of the INA;
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3);
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A3"; or
<input type="checkbox"/>	INS Form I-571 (Refugee Travel Document).
Alien Paroled Into the U.S. for at least one year:	
<input type="checkbox"/>	INS Form I-94 with stamp showing admission for at least one year under § 212 (d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)
Alien Whose Deportation or Removal Was Withheld:	
<input type="checkbox"/>	INS Form I-94 with stamp showing admission under § 203 (a) (7) of the INA;
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)"; or
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A3".
Alien Granted Conditional Entry:	
<input type="checkbox"/>	INS Form I-94 with stamp showing admission under § 203 (a) (7) of the INA;
<input type="checkbox"/>	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)"; or
<input type="checkbox"/>	INS Form I-766 (Employment Authorization Document) annotated "A3".
Other Document	
<input type="checkbox"/>	_____

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application, will be cause for denial or loss of licensure and will subject me to criminal penalties under the immigration laws of the State of Oklahoma.

[Signature of Applicant]

I certify that on the date set forth below, the individual named above appeared personally before me and that I did identify this applicant by: (1) comparing his/her physical appearance with the photograph or the identifying document presented by the applicant and with the photograph affixed hereto; and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this ____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires:

(Seal)

My Commission Number:
