

(TYPE OR PRINT USING BLACK INK)

OCC/OTC No. _____

OPERATOR'S AGREEMENT TO CLOSE FACILITY
OAC 165:10-8-1, 165:10-8-2, 165:10-9-4

KNOW ALL MEN BY THESE PRESENTS:

That _____, as Operator,
(Name of the Operator, Company or Individual)

Physical Address: _____ Post Office Box Number: _____
(All Operators **MUST** include a Physical Address)

Phone (____) _____ City _____ State _____ Zip _____

Contact Person: _____ Email Address: _____

Emergency Information: Contact Person: _____ Phone (____) _____

authorized to do business within the State of Oklahoma, proposes to operate a recycling/reclaiming facility, and hereby agrees to close facility in accordance with closure plan at the time and in the manner prescribed by the laws of the State of Oklahoma and the General Rules and Special Orders of the Corporation Commission of the State of Oklahoma.

The operator hereby states that he has met the requirements as stated in OAC 165:10-8-1 and/or 2.

If the Commission determines that the above named operator has neglected, failed, or refused to close the facility at the time and in the manner prescribed by the laws of the State of Oklahoma and the General Rules and Special Orders of the Corporation Commission of the State of Oklahoma, the operator will forthwith forfeit or pay to the State, through the Commission, a sum equal to the cost of plugging the well plus any expenses incurred by litigation to enforce this Agreement, the Commission shall cause the facility to be closed.

Dated this _____ day of _____, 20_____.

Print or Type Name of Operator

Federal Employers Identification Number:

Signature of Operator, Partner, or Principal
Office of Operator

Social Security Number: _____

PLEASE ATTACH IMPRINT OF OKLAHOMA CORPORATE SEAL. IF A CORPORATION PLEASE ATTACH A COPY OF THE OKLAHOMA SECRETARY OF STATE DOMESTICATION CERTIFICATE.