

OIL AND GAS CONSERVATION DIVISION
P.O. Box 52000
Oklahoma City, OK 73152-2000
405-521-2331
ogadmin@occ.ok.gov



10023

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

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

OPERATOR: _____ OPERATOR NO.: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHYSICAL ADDRESS: _____

(CANNOT BE A POST OFFICE BOX)

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CONTACT: _____ E-MAIL: _____

One Box Must Be Checked

Address Change only no
payment required

- 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

OIL AND GAS CONSERVATION DIVISION
P.O. Box 52000
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occcentralprocessing@occ.ok.gov



Form 1006B

-Page 2

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 in the Form 1006B.

OKLAHOMA CITY MAILING ADDRESS:

Oklahoma Corporation Commission
Attention: Central Processing
P.O. Box 52000
Oklahoma City, OK 73152-2000
(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)

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

1) First Name	Middle Name	Last Name	Suffix
Business Mailing Address	City	State	Zip
Business Physical Address	City	State	Zip
Business Phone Number	E-mail address	Title	% of Ownership
2) First Name	Middle Name	Last Name	Suffix
Business Mailing Address	City	State	Zip
Business Physical Address	City	State	Zip
Business Phone Number	E-mail address	Title	% of Ownership
3) First Name	Middle Name	Last Name	Suffix
Business Mailing Address	City	State	Zip
Business Physical Address	City	State	Zip
Business Phone Number	E-mail address	Title	% of Ownership

ALL OFFICERS, DIRECTORS, PARTNERS OR PRINCIPALS OF OPERATOR

OAC 165:10-1-10 (e)

4) First Name	Middle Name	Last Name	Suffix
Business Mailing Address	City	State	Zip
Business Physical Address	City	State	Zip
Business Phone Number	E-mail address	Title	% of Ownership
5) First Name	Middle Name	Last Name	Suffix
Business Mailing Address	City	State	Zip
Business Physical Address	City	State	Zip
Business Phone Number	E-mail address	Title	% of Ownership
6) First Name	Middle Name	Last Name	Suffix
Business Mailing Address	City	State	Zip
Business Address	City	State	Zip
Business Phone Number	E-mail address	Title	% of Ownership

Operator Name

Operator Number

ALL SERVICE AGENTS FOR OPERATOR

OAC 165:10-1-10(e)

NAME	ADDRESS	CITY	STATE	ZIP CODE	EMAIL ADDRESS

**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) First Name	Middle Name	Last Name	Suffix
Business Mailing Address	City	State	Zip
Business Physical Address	City	State	Zip
Business Phone Number	E-mail address	Title	% of Ownership
2) First Name	Middle Name	Last Name	Suffix
Business Mailing Address	City	State	Zip
Business Physical Address	City	State	Zip
Business Phone Number	E-mail address	Title	% of Ownership
3) First Name	Middle Name	Last Name	Suffix
Business Mailing Address	City	State	Zip
Business Physical Address	City	State	Zip
Business Phone Number	E-mail address	Title	% of Operatorship

Operator Name

Operator No.

ALL SERVICE AGENTS FOR INSIDERS AND AFFILIATES OF OPERATOR
OAC 165:10-1-10(e)

NAME	ADDRESS	CITY	STATE	ZIP CODE	EMAIL ADDRESS	NAME OF ENTITY SERVICE AGENT PERTAINS TO
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