

OKLAHOMA CORPORATION COMMISSION

Oil and Gas Conservation Division
P. O. Box 52000
Oklahoma City, OK 73152-2000

**OPERATOR'S AGREEMENT TO PLUG OIL, GAS,
AND SERVICE WELLS WITHIN THE STATE OF OKLAHOMA**

(OAC 165:10-1-10)

(TYPE OR PRINT USING BLACKINK)

KNOW ALL MEN BY THESE PRESENTS:

NAME OF OPERATOR:			
MAILING ADDRESS:			
PHYSICAL ADDRESS: (If different from the Mailing Address)			
CITY, STATE and ZIP CODE:			
PHONE NUMBER:		FAX NUMBER:	
CONTACT PERSON:		E-MAIL ADDRESS:	

That the above described entity, as Operator, authorized to do business within the State of Oklahoma, 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 service well within the State of Oklahoma, and hereby agrees to plug each such well, 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 165:10-1-10.

If the Commission determines that the above named operator has neglected, failed, or refused to plug any well 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 well to be plugged.

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. Any person who shall verify under oath any report, map or drawing or other statement or document authorized or required by the provisions of this act (52 O.S. § 109) or by any order, rule or regulation of the Commission made under the provisions of this act 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 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 _____, 20_____.

Print or Type Name of Operator

Federal Employers Identification Number: _____

Signature of Operator, Partner, or Principal Officer of Operator

Social Security Number: _____

(CONTINUED ON THE BACK)

As of July 1, 1996, all operators of oil, gas or service wells within the State of Oklahoma are required to file the Form 1006B on an annual basis and to supply the following information. If additional pages are needed, please provide the information in the same manner as shown below:

(TYPE OR PRINT USING BLACK INK)

Name of Officers, Directors, Partners or Principals Title

Home Address

City, State, Zip

Home Phone Social Security Number
or Driver's License Number
Percent of Ownership: _____ include the State of Issuance

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