

**OKLAHOMA CORPORATION COMMISSION**

**Oil and Gas Conservation Division**

**Attn: Surety Department**

**Post Office Box 52000**

**Oklahoma City, OK 73152-2000**

**INDEX OF THIS COMBINED  
OCC SURETY DOCUMENT:**

**1006AA**

**1006A Rev. 2018**

**1006A SCH A**

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**Form 1006A**  
**Financial Statement**

**This form is for Operator's who have been registered with the Oklahoma Corporation Commission for more than 3 consecutive years with no interruption in surety, no complaints filed, or no fines levied.**

**If you qualify for this, contact the Surety Department for the forms.**

**The Surety Department can be reached at 405-521-2246 or 405-522-6196.**

**OKLAHOMA CORPORATION COMMISSION**

Oil and Gas Conservation Division  
 Attn: Surety Department  
 Post Office Box 52000  
 Oklahoma City, OK 73152-2000

**Form 1006A**

(Rev. 2018A)

Page 1

**Financial Statement**

(OAC 165:10-1-11)

(Type or Print Using Black Ink ONLY)

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

As Operator, do hereby declare that this entity is to be defined as:

<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Corporation	<input type="checkbox"/> Other Type of Business (Please Specify)

As operator, I do hereby state and attest, that I have a total net worth greater than \$50,000.00 USD all of which are assets located within the State of Oklahoma, and is supported and documented by the description and stated value of the assets and liabilities as are shown herein. This financial statement is to be used to reflect the net worth and is to be completed in its entirety or it shall be returned unapproved. The Director of Conservation may require in the form of an appraisal or other proof of fair market value of any asset listed in the financial statement, and the Director of Conservation may also require proof that the financial statement truly shows the net fair market value of all assets over and above all debts and encumbrances.

■ ■ ■ THIS FINANCIAL STATEMENT MUST BE RENEWED ANNUALLY ■ ■ ■

**OKLAHOMA ASSETS\***

CATEGORIES	REPORT IN U.S. DOLLARS (\$)
1. CASH IN BANK <small>(Attach Schedule A)</small>	
2. MARKETABLE SECURITIES <small>(Attach Schedule B)</small>	
3. LIFE INSURANCE <small>(Attach Schedule C)</small>	
4. MORTGAGES AND CONTRACTS HELD BY YOU <small>(Attach Schedule D)</small>	
5. REAL ESTATE ** <small>(Attach Schedule E)</small>	
6. OIL AND GAS INTERESTS <small>(Attach Schedule F and an Engineering Report that was prepared within the last 3 years)</small>	
7. MACHINERY AND EQUIPMENT <small>(Attach Schedule G)</small>	
8. OTHER ASSETS NOT LISTED ELSEWHERE <small>(Attach Schedule H)</small>	
<b>9. TOTAL ASSETS</b> <small>(Add Lines 1 thru 9)</small>	

**Please Note: All supporting documents and schedules cannot be more than 3 years old and must be filed annually.**

**OKLAHOMA LIABILITIES**

CATEGORIES	REPORT IN U.S. DOLLARS (\$)
11. SHORT TERM NOTES PAYABLE TO BANK (Attach Schedule J)	
12. LONG TERM NOTES PAYABLE TO BANKS (Attach Schedule K)	
13. OTHER NOTES PAYABLE TO OTHERS (Attach Schedule L)	
14. MORTGAGES – WHOLLY OWNED REAL ESTATE (Attach Schedule M)	
15. MORTGAGES – PARTIALLY OWNED REAL ESTATE (Attach Schedule N)	
16. OTHER LIABILITIES NOT LISTED ELSEWHERE (Attach Schedule O)	
<b>17. TOTAL LIABILITIES</b> (Add Lines 11 thru 16)	
<b>18. TOTAL NET WORTH</b> (Subtract Line 17 from Line 9 – This Total MUST be greater than \$50,000)	
* All Assets must be located within the State of Oklahoma ** Real Estate, Vehicles and Other Non-Business Related Assets cannot be used in determining your financial acceptability, if the title is not in the company's name. A copy of the tax receipt must accompany item 6 and Schedule F)	

I declare and state that I have personal knowledge of the contents of this Financial Statement and attached schedules and represent that the data and figures stated herein are true, correct, and complete to the best of my knowledge and belief. I authorize the Oklahoma Corporation Commission to verify any of the information; amounts or data contained on this Financial Statement and/or attached schedules. I understand and acknowledge that any unverified or incorrect information contained herein, shall result in the denial of my Category A Surety, and that if this document states or contains any material matter which I know to be false, I may be convicted of perjury and punished by imprisonment in the State Penitentiary for not less than two (2) years, nor more than ten (10) years.

\_\_\_\_\_  
Signature Date Operator No.

\_\_\_\_\_  
Name of Signatory (Type or Print) Title of Signatory (Type or Print)

STATE OF OKLAHOMA )  
 )  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Date Month Year

My Commission Expires: \_\_\_\_\_  
Notary Public Signature

Notary License Number: \_\_\_\_\_  
Print or Type Name of Notary Public

**Name of Operator:** \_\_\_\_\_

**Operator Number:** \_\_\_\_\_

**SCHEDULE A**  
**CASH IN BANK**

<b>Name Of Bank, Mailing Address, Contact Person, and Phone Number</b>	<b>Name On Account</b>	<b>Balance</b>	<b>Type of Account</b>

**Name of Operator:** \_\_\_\_\_

**Operator Number:** \_\_\_\_\_

**SCHEDULE B**  
**MARKETABLE SECURITIES**

<b>Broker's Name, Address and Phone Number</b>	<b>Issuing Company</b>	<b>Registered In Name Of</b>	<b>Total Market Value (\$)</b>	<b>Pledged Stock Yes/No</b>	<b>Where Traded</b>

**Name of Operator:** \_\_\_\_\_

**Operator Number:** \_\_\_\_\_

**SCHEDULE C**  
**LIFE INSURANCE**

<b>Insuring Company Name, Address, Agency's Name and Phone Number</b>	<b>Policy Number</b>	<b>Face Value (\$)</b>	<b>Cash or Loan Value (\$)</b>	<b>Assigned Yes/No</b>

**Name of Operator:** \_\_\_\_\_

**Operator Number:** \_\_\_\_\_

**SCHEDULE D**  
**MORTGAGES AND CONTRACTS**  
**HELD BY YOU**

<b>Due From: Name, Address, Phone Number</b>	<b>Original Amount (\$)</b>	<b>Purpose</b>	<b>Present Balance (\$)</b>	<b>Payment Terms</b>	<b>Maturity Date</b>	<b>Collateral</b>



**Name of Operator:** \_\_\_\_\_

**Operator Number:** \_\_\_\_\_

**SCHEDULE E**  
**REAL ESTATE**

**Instructions Complete the Following Section Completely. Designate Real Estate by One of the Following: H-Residence, I-Income Property, D-Development Property (Held for Resale), INV-Investment, A-Agricultural, R-Recreational, O-Other**

R/E Use	Description and Location	% Own	Year Acquired	Present Value \$	Mortgage Payable To	Mortgage Balance \$
			Original Cost \$			







**Name of Operator:** \_\_\_\_\_

**Operator Number:** \_\_\_\_\_

**SCHEDULE J**  
**SHORT TERM NOTES PAYABLE TO BANKS**

**\*\* IF YOU ARE A COMAKER, LIST THE LOAN IN THIS SCHEDULE AND STATE THE BORROWERS NAME IN THIS COLUMN**

<b>Due To: Name, Address, Phone Number and Contact Person</b>	<b>Original Amount \$</b>	<b>Present Balance \$</b>	<b>Maturity Date</b>	<b>Payment Terms</b>	<b>Collateral**</b>

Name of Operator: \_\_\_\_\_

Operator Number: \_\_\_\_\_

**SCHEDULE K  
LONG TERM NOTES PAYABLE TO BANKS**

**\*\* IF YOU ARE A COMAKER, LIST THE LOAN IN THIS SCHEDULE AND STATE THE BORROWERS NAME IN THIS COLUMN**

<b>Due To: Name, Address, Phone Number and Contact Person</b>	<b>Original Amount \$</b>	<b>Present Balance \$</b>	<b>Maturity Date</b>	<b>Payment Terms</b>	<b>Collateral**</b>

Name of Operator: \_\_\_\_\_

Operator Number: \_\_\_\_\_

**SCHEDULE L**  
**NOTES PAYABLE TO OTHERS**

**\*\* IF YOU ARE A COMAKER, LIST THE LOAN IN THIS SCHEDULE AND STATE THE BORROWERS NAME IN THIS COLUMN**

<b>Due To: Name, Address, Phone Number and Contact Person</b>	<b>Original Amount \$</b>	<b>Present Balance \$</b>	<b>Maturity Date</b>	<b>Payment Terms</b>	<b>Collateral**</b>

**Name of Operator:** \_\_\_\_\_

**Operator Number:** \_\_\_\_\_

**SCHEDULE M**  
**MORTGAGES – WHOLLY OWNED REAL ESTATE**

**Instructions Complete the Following Section Completely. Designate Real Estate by One of the Following: H-Residence, I-Income Property, D-Development Property (Held for Resale), INV-Investment, A-Agricultural, R-Recreational, O-Other**

R/E Use	Description and Location	% Own	Year Acquired	Present Value \$	Mortgage Payable To (Give Name, Address and Phone Number)	Mortgage Balance \$
			Original Cost \$			



**Name of Operator:** \_\_\_\_\_

**Operator Number:** \_\_\_\_\_

**SCHEDULE N**  
**MORTGAGES – PARTIALLY-OWNED REAL ESTATE**

**Instructions Complete the Following Section Completely. Designate Real Estate by One of the Following: H-Residence, I-Income Property, D-Development Property (Held for Resale), INV-Investment, A-Agricultural, R-Recreational, O-Other**

R/E Use	Description and Location	% Own	Year Acquired	Present Value \$	Mortgage Payable To (Give Name, Address and Phone Number)	Mortgage Balance \$
			Original Cost \$			

