

OKLAHOMA CORPORATION COMMISSION

Oil and Gas Conservation Division
PO Box 52000
Oklahoma City, OK 73152-2000

**One Box Must Be
Checked**

**OPERATOR'S AGREEMENT TO PLUG
OIL, GAS, AND SERVICE WELLS
WITHIN THE STATE OF OKLAHOMA**
(OAC 165:10-1-10)
(TYPE OR PRINT USING BLACK INK)

<input type="checkbox"/> 0 Wells	\$100
<input type="checkbox"/> 1-25 Wells	\$250
<input type="checkbox"/> 26-100 Wells	\$500
<input type="checkbox"/> 101-200 Wells	\$750
<input type="checkbox"/> 201-500 Wells	\$750
<input type="checkbox"/> Over 500 Wells	\$1,000

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 _____, _____.

Print or Type Name of Operator

Signature of Operator, Partner, or Principal Officer of Operator

Federal Identification Number (FEI): _____

PAYMENT IS REQUIRED AT THE TIME THIS FORM IS FILED

(CONTINUED ON THE BACK)

