405-521-2331 ogadmin@occ.ok.gov



OPERATOR'S AGREEMENT FOR SEISMIC AND STRATIGRAPHIC OPERATIONS OAC 165:10-7-31

(TYPE OR PRINT IN BLACK OR BLUE INK)

*Operator Number:		
KNOW ALL MEN BY THESE PRESENTS:		
*Name of Operator:		
*Operator Mailing Address:		
*City:	*State:	*Zip:
*Operator Physical Address (cannot be a PO Box):		
*City:	*State:	*Zip:
*Operator Contact Person:	*Telephone Num	ber:
*Operator Email Address:		
*Operator Emergency Contact Name:		
*Operator Emergency Contact Phone Number:		
of Oklahoma, and hereby agrees to plug each shot hole at of the State of Oklahoma and the Rules and Orders of the C The operator herewith furnishes his surety bond in the or other form of surety in an amount as approved by the C the faithful performance of this Agreement.	orporation Commission of the amount of Fifty Thousand	ne State of Oklahoma. Dollars (\$50,000.00),
If the Commission determines that the above named operator holes at the time and in the manner prescribed by the law Orders of the Corporation Commission of the State of Orders to the State, through the Commission, a sum equal to the confineured by litigation to enforce this Agreement, and the Corporation	vs of the State of Oklahon klahoma, the operator will fo cost of plugging the shot ho	na and the Rules and orthwith forfeit or pay les plus any expenses
*Dated this day of, 20		
Tax ID: *Federal Employer Identification Number, SSN, EIN, etc. *Signature of Officer Director Portrar or Principal		
*Signature of Officer, Director, Partner, or Principal		

*Printed Name of Officer, Director, Partner, or Principal of Operator