



ARKANSAS OIL AND GAS COMMISSION

Submit Form To: El Dorado Regional Office P.O. Box 11510 El Dorado, Arkansas 71730

FORM 1 ORGANIZATION REPORT

Check Appropriate Box:

Purpose of Filing: [ ] Original [ ] Amendment [ ] Renewal
Purpose of Business: [ ] Crude Oil Producer [ ] Natural Gas Producer [ ] Purchaser [ ] Commercial SWD [ ] Seismic Company
[ ] E & P Fluid Hauler [ ] Natural Gas Pipeline Operator [ ] Hydraulic Fracturing Service Co.
[ ] Other:

Region of Operations: [ ] El Dorado [ ] Fort Smith [ ] Both

Full Name of Entity:

Street Address City State Zip

Mailing Address City State Zip

E-Mail Phone Fax

Entity Type: [ ] Individual [ ] Partnership [ ] LP [ ] LLP [ ] LLC [ ] Corporation [ ] Other:

Name of person responsible for operation

Address City State Zip

E-Mail Phone Fax

Emergency 24 hour contact phone number

Attach list of all other persons authorized to submit required form, reports and other documents for the entity.

If a reorganization, give Name, City, State, and Zip of previous entity

City State Zip

Table with 3 columns: If a foreign entity give State where incorporated or organized and when, Name, address and phone number of entity's agent in the State of Arkansas, Date authorized to do business in the State of Arkansas

Members, Partners, Officers or Directors of Entity

Table with 3 columns: Name, Title, Address, City, State, Zip & Phone

Executed on this the day of , 20

State of

County of

Signature of Affiant
Printed Name

Before me, the undersigned authority, on this day personally appeared , known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath, states that he is duly authorized to make the above report and that he has knowledge of the facts stated herein and that said report is true and correct.

Subscribed and sworn to before me this day of , 20

Seal Notary Public

Notary Public in and for

My Commission Expires County

See Instructions on Reverse Side

Revised 11/14

Operator Number: Approval: Date:

## **NOTICE**

Every person or entity engaged in any operation or activity regulated by the Commission, shall file with the Commission an organization report on a form prescribed by the Director, prior to engaging in the operation or activity

That person listed as responsible for operations shall be considered as primary contact for all regulatory functions.

## **INSTRUCTIONS**

1. Complete all applicable information in its entirety. Note: a Post Office address alone will not be accepted.
2. If foreign entity, attach evidence of good standing from the Arkansas Secretary of States' Office.
3. An authorized representative of the entity shall execute this form.
4. An amended report is due within 30 days of any change(s) in the information indicated on this form.
5. All Hydraulic Fracturing Service Companies must also attach information required in accordance with Commission General Rule B-19.

If additional space needed, attach separate sheet.