USDOT No.	Form 1006BT-A
OCC/OTC No. (if applicable)	(New Sept. 2014)

OKLAHOMA CORPORATION COMMISSION

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

(TYPE OR PRINT USING BLACK INK)

OPERATOR'S AGREEMENT TO CLOSE, RECLAIM AND REMEDIATE TRUCK WASH PIT(S) OAC 165:10-7-33

KNOW ALL MEN BY THESE PRESENTS: NAME OF OPERATOR OF TRUCK WASH PIT(S): MAILING ADDRESS: CITY, STATE and ZIP CODE: PHYSICAL ADDRESS: (All Operators MUST include a Physical Address) CITY, STATE and ZIP CODE: TELEPHONE NUMBER: FAX NUMBER: CONTACT PERSON: E-MAIL: That the above-named operator, who affirms that operator is authorized to do business within the State of Oklahoma, proposes to operate a truck wash pit(s) in the State of Oklahoma, and hereby agrees to close, reclaim and remediate the truck wash pit(s) at the time and in the manner prescribed by the laws of the State of Oklahoma and the Rules and Orders of the Corporation Commission of the State of Oklahoma. The operator hereby states that operator has met the requirements regarding truck wash pits as stated in OAC 165:10-7-33 and other applicable Commission rules. If the Commission determines that the above-named operator has neglected, failed, or refused to close the truck wash pit(s) at the time and in the manner prescribed by the laws of the State of Oklahoma and the Rules and 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 closing, reclaiming and remediating the truck wash pit(s) in accordance with Commission rules plus any expenses incurred by litigation to enforce this Agreement, and the Commission shall cause the pit(s) to be closed. Dated this ______ day of _______, 20_____. Print or Type Name of Operator

PLEASE ATTACH IMPRINT OF OKLAHOMA CORPORATE SEAL. IF A FOREIGN CORPORATION OR OTHER FOREIGN ENTITY AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF OKLAHOMA, PLEASE ATTACH A COPY OF THE CERTIFICATE OF AUTHORITY ISSUED BY THE OKLAHOMA SECRETARY OF STATE.

Signature of Principal Officer of Operator

Print or Type Name and Title of Officer Listed Above

Federal Employers Identification Number: