

Ohio Department of Natural Resources
Division of Oil and Gas Resources Management
Attn: Surety Section
2045 Morse Road, Bldg. F-2
Columbus, Ohio 43229-6693

**NON-DOMESTIC WELL OWNER
FINANCIAL STATEMENT (Form 3)**

OHIO REVISED CODE 1509.07; OHIO ADMINISTRATIVE CODE 1501:9-1-03

Owner Name as Registered with the Division of Oil and Gas Resources Management _____
(type or print)

Owner # _____ Telephone # ____ / ____ / ____ (If new, check box)

Current mailing address for owner (If new address, check box)

(street) (city) (state) (zip)

Check Appropriate Box: Corporation; Partnership; Trust; Company; Joint Venture; Limited Partnership;
 Other (List): _____

If applicant is doing business as an individual, list below the name and address of spouse. If applicant is doing business as a firm, partnership, company, corporation, etc., list below the names, titles, and addresses of principal members and/or partners.

NAME	TITLE	ADDRESS	TELEPHONE
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Knowingly falsifying this statement or knowingly swearing or affirming that false information contained hereon is true is a misdemeanor offense of the first degree which carries a maximum penalty of six months imprisonment and a one thousand dollar fine. I declare under penalties of perjury that the following information is materially accurate.

(well owner's name - *printed*) (signature)

State of _____
County of _____, ss

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____,
by _____, on behalf of _____
(Corporation or Partnership Name)

(Seal)

NOTARY PUBLIC

(Date Commission Expires)

I certify that the income statement, balance sheet and list of fixed assets were compiled according to generally accepted accounting principles.

CERTIFIED PUBLIC ACCOUNTANT (PRINTED) SIGNATURE

ACCOUNTING FIRM NAME ACCOUNTING FIRM ADDRESS

(continued)

State of _____

County of _____, ss

The foregoing instrument was acknowledged before me this ____ day of _____, 20__.

by _____, on behalf of _____.
(Corporation or Partnership Name)

(Seal)

NOTARY PUBLIC

(Date Commission Expires)

Division Use Only

Income statement Balance sheet

~~Corporate franchise tax filing (if applicable) *~~

~~Proof of state severance tax filing *~~

~~List of wells *~~

~~Real Estate appraisal or auditors report (if applicable) *~~

List of fixed assets and their market or book value

***ONLY REQUIRED IF SUBSEQUENTLY REQUESTED BY THE DIVISION.**

Approved By: _____

Date: _____

Comments: _____

INCOME STATEMENT

For Year Ending

Revenue from Oil & Gas Production _____

Revenue from Other Operations _____

Cost of Operations _____

Gross Margin _____

Research and Development Expense _____

Selling, General and Administrative Expense _____

OPERATING INCOME _____

Other Revenues (Expenses)

Interest Expense _____

Interest & Dividend Revenues _____

Royalty Revenues _____

INCOME BEFORE TAXES _____

Provision for Income Taxes _____

Net Income _____

Earnings per Share of Common Stock _____

STATEMENT OF RETAINED EARNINGS

Retained Earnings at Beginning of Year _____

Add: Net Income _____

Deduct: Dividends () _____

Retained Earnings at End of Year _____

BALANCE SHEET (INCLUDING OUT OF STATE HOLDINGS)

ASSETS (Do not include assets of doubtful value)	In Dollars (Omit Cents)	LIABILITIES	In Dollars (Omit Cents)
1 Cash		16 Notes Payable Bank	
2 Current Investments - Schedule A		17 Notes Payable - Other	
3 Account Receivables		18 Accounts Payable - Trade	
4 Less: Allow/Doubt Accounts		19 Taxes Payable	
5 Net Account Receivables		20 Current Maturity L. T. Debt	
6 Inventories		21 Other Current (Specify)	
7 Other Current (Specify)			
8 Total Current Assets		22 Total Current Liabilities	
		23 Long Term Debt	
9 Real Estate (Book Value)		24 Other Non-Current (Specify)	
10 Net Fixed Assets - Schedule B			
11 Investments - Schedule A		25 Total Non-Current	
12 Personal Property		26 Preferred Stock	
13 Other Non-Current (Specify)		27 Common Stock	
		28 (Treasury Stock)	
		29 Paid in Surplus	
		30 Retained Earnings	
14 Total Non-Current Assets		31 Total Net Worth	
15 Total Assets		32 Total Liabilities & Net Worth	

THIS SECTION MUST BE COMPLETED

TOTAL ASSETS IN OHIO	\$ _____
TOTAL LIABILITIES IN OHIO	\$ _____
NET FINANCIAL WORTH IN OHIO	\$ _____

SCHEDULE A - INVESTMENTS – SECURITIES

Description	In name of	Marketable Yes/No	Pledged Yes/No	Number Shares	Market Value	
					Current	Non-Current

